



Water, Sanitation and Hygiene (WASH)

World Vision's project models are intended to increase WV's focus, effectiveness and impact. The WASH Project Model is a set of evidence-based practices for the sustained provision of safe water, dignified sanitation and good hygiene practice across a variety of contexts. These practices are integral to achieving WV's child well-being (CWB) aspirations and objectives. This document provides background information on the WASH Project Model and its relationship to WV's other global sector approaches, WV's CWB objectives and the Sustainable Development Goals. It provides a framework for project implementation in WV WASH's targeted intervention settings: communities and households, schools, healthcare facilities and emergencies. It also describes the model's underlying theory of change, evidence base, and integration of faith, TD, gender, MVCs and enabling areas. The WASH Project Model, as described in this document, is foundational to all WASH programming, including WASH Business Plan development and WASH field operations planning, design and implementation.

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1. Snapshot of model and its strategic relevance

1.1. WASH Project Model summary and global sector approaches

The WASH Project Model (PM) is a set of evidence-based practices in the three principal domains of WASH intervention: water, sanitation and hygiene. Over the years, these interventions have proven to be effective for the implementation of programmes that are impactful, scalable and sustainable across a variety of contexts where World Vision works (primarily in rural Area Programme settings). The PM, therefore, provides a framework for all WASH development and emergency programming in areas where World Vision serves.

This PM is both a revision and an update of the Integrated WASH Project Model developed in 2016. Updates include a framework for project implementation in specific intervention settings: communities and households, schools, healthcare facilities (HCF), and emergencies. Moreover, it provides guidance in areas which have been in need of strengthening, including, but not limited to: standard operating procedures around water quality and post implementation monitoring, as well as greater prioritisation of software components in our WASH programming necessary to assure key outcomes, such as sustained behaviour change in hygiene and sanitation practice.

The Sustainable Development Goals (SDGs) affirm that water has serious implications for public health, environmental sustainability, food and energy security, and economic development; and its lack in quantity and quality have major implications on the poor, the marginalised and the vulnerable. Recently, it has become clear that availability to WASH services is fundamental to fighting hygiene-related disease and pandemics – such as neglected tropical diseases (NTDs), cholera, Ebola and the COVID-19 virus – and preserving the health and well-being of millions, especially for those living in vulnerability. As such, WASH is an important contributor to World Vision’s other global sector approaches established under the “Our Promise” global strategy: Health & Nutrition, Livelihoods, Education, and Child Protection & Participation (and with important linkages to Faith & Development). Moreover, with the greater focus of “Our Promise” on fragile contexts, WASH’s contribution to work in emergency and peri-urban settings is critical.

1.2. Child well-being aspirations and objectives, WASH contributions, and alignment with SDGs

WASH is essential for improvement of child well-being (CWB) and is foundational to World Vision’s mission that all children and their communities experience life in all its fullness. The “Our Promise” global strategy establishes WASH as a key contributor to multiple child well-being objectives (CWBOs). Table 1.1 describes the contributions of WASH to World Vision’s CWBOs and indicates alignment with the SDGs (in addition to SDG 6: Ensure availability and sustainable management of water and sanitation for all). As a core enabler for Health & Nutrition, Livelihoods, Education, and Child Protection & Participation, WASH contributes to the success of many of the other SDGs. Table 1.2 details SDG targets enabled by WASH.

Table 1.1: CWB aspirations and objectives, WASH contributions and alignment with SDGs

Child well-being aspirations	Child well-being objectives, 2017-2030	WASH Sector contribution	Alignment with SDGs (in addition to SDG 6: Ensure availability and sustainable management of water and sanitation for all)
<i>Children experience the love of God and their neighbours</i>	Children report an increased awareness of God’s love	Improved WASH conditions at home and in school result in children who are healthier and better able to experience “life in all its fullness” as God intended WASH can be perceived as a gift from God and a demonstration of God’s love and care	
	Increase in children who have positive and peaceful relationships in their families and communities	Improved WASH at the household level results in women and children spending less time collecting water away from home and caregivers having more time for parenting and household activities, leading to more peaceful relationships in families Improved WASH means less conflict over limited water sources and a reduction in risk of abuse and violence to women and children related to water and sanitation, leading to more peaceful relationships in communities	SDG 5: Achieve gender equality and empower all women and girls SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
<i>Children enjoy good health</i>	Increase in children who are well nourished (ages 0-5)	Increased access to WASH reduces the incidence of diarrhoea and other infections which account for an estimated 50% of childhood malnutrition Provision of multiple-use water systems increases the availability of a diversified diet through year-round food production via irrigation systems	SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
	Increase in children protected from infection and disease (ages 0-5)	Improved WASH conditions can prevent acute respiratory infections and diarrhoea, the leading causes of death in children under age five WASH is also critical for the prevention of maternal and neonatal mortality, control of disease outbreaks, and the prevention of neglected tropical diseases (NTDs), including soil-transmitted helminthiasis, trachoma and schistosomiasis	SDG 3: Ensure healthy lives and promote well-being for all at all ages

<i>Children are educated for life</i>	Increase in primary school children who can read	Improved WASH facilities at school that are child, disability and gender sensitive contribute to a safe and effective learning environment for primary school students, which increases school enrolment, attendance and educational outcomes	SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
	Increase in adolescents' education and life skills	Appropriate, gender-sensitive WASH facilities in schools leads to improved educational outcomes for adolescents, especially female students, who need safe and private facilities for managing menstruation	SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
<i>Children are cared for, protected and participating</i>	Increase in girls and boys protected from violence	Safe water near the home and private improved sanitation facilities keep children safe from the threat of violence, harassment and abuse they may face on long journeys to collect water, while using shared toilets or when forced to practice open defecation	SDG 5: Achieve gender equality and empower all women and girls SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
	Children ages 12-18 report an increased level of well-being	This model involves children and adolescents in decision making regarding WASH services, which increases participation and engagement Access to WASH is an essential, universal need that increases health, education, safety and overall well-being for children and adolescents	SDG 3: Ensure healthy lives and promote well-being for all at all ages

Table 1.2: SDG targets enabled by WASH

	<h2>SDG 6: Ensure access to water and sanitation for all</h2>	
	<p>Making progress on SDG 6 will enable and drive progress on other SDGs including:</p>	
	<p>SDG 1: End poverty in all its forms everywhere Targets 1.4, 1.5: Reduce poverty, build resilience, and achieve universal access to basic services</p>	
		<p>SDG 11: Make cities inclusive, safe, resilient and sustainable Targets 11.1, 11.5: Ensure adequate, safe, and affordable housing for all and reduce deaths caused by disasters</p>
	<p>SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture Targets 2.1, 2.2, and 2.4: Ensure access to sufficient food and end all forms of malnutrition</p>	
		<p>SDG 13: Take urgent action to combat climate change and its impacts Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries</p>
	<p>SDG 3: Ensure healthy lives and promote well-being for all at all ages Targets 3.1, 3.2, 3.3, 3.8, and 3.9: End preventable child deaths, reduce newborn and maternal mortality, combat neglected tropical diseases and waterborne diseases, and achieve universal health coverage</p>	
		<p>SDG 15: Protect, restore, and promote sustainable use of terrestrial ecosystems Target 15.1: Ensure the sustainable use of freshwater ecosystems</p>
	<p>SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all Targets 4.1, 4.5, 4A: Provide safe, inclusive, and gender-sensitive learning environments</p>	
		<p>SDG 16: Promote peaceful and inclusive societies for sustainable development Targets 16.1 and 16.2: End violence, especially against children</p>
	<p>SDG 5: Achieve gender equality and empower all women and girls Targets 5.2 and 5.5: End violence against women and girls and reduce gender inequality</p>	
		<p>SDG 17: Revitalize the global partnership for sustainable development Targets 17.1, 17.3, and 17.18: Mobilize financing from domestic and private sector sources, and increase availability of high-quality, timely, and reliable data</p>
<p>Source: WHO (2017). <i>Safely managed drinking water thematic report.</i></p>		

1.3. Alignment of the WASH PM to the strategic imperatives of World Vision’s strategy

Deepen our commitment to the most vulnerable children by re-aligning our footprint and resources: WV WASH engages in rural and peri-urban settings affected by endemic poverty, in fragile contexts (including emergencies such as droughts, floods, earthquakes and conflicts), and during pandemics and disease outbreaks (such as cholera, Ebola and COVID-19); and WV WASH aligns its resources accordingly. Moreover, WV WASH plays a critical supporting role in other sectors (Health & Nutrition, Education, Livelihoods and Child Protection & Participation) and enhances their effectiveness as they engage the most vulnerable.

Focus our ministry for greater impact, prioritising a set of objectives, sectors and approaches: WV WASH promotes geographic focus at the national level (achieving Universal Services Coverage (USC) in a focused number of geographic areas according to capacity and funding) and programmatic focus/prioritisation WASH in communities and households.¹ See text box at right for WV’s definition of USC.

Collaborate and advocate for broader impact to create greater scale and more sustained impact than we could on our own: WV WASH works closely with national government and municipal entities to both support and shape effective WASH policies and programmes. WV WASH also engages and collaborates with community-based organisations (CBOs), faith-based organisations (FBOs), regional entities (e.g., African Ministers’ Council on Water), peer NGOs, academic and research institutions, UN agencies, and other agencies. Key partners have included Grundfos, charity: water, Proctor & Gamble, Sesame Workshop, the Water Institute at the University of North Carolina, WHO and UNICEF.

Deliver high quality, sustainable funding: WV WASH has demonstrated over time to be very effective in fundraising. For example, the FY21-25 WASH Business Plan articulated a commitment to US\$1 billion over five years. WV WASH also has a competitive cost per programme participant, while maintaining high impact sustainability and community ownership. The estimated cost per participant from the FY21-25 WASH Business Plan is less than \$50 per person served with WASH.

Live out our Christian faith and calling with boldness and humility: WV WASH is intentional about supporting the practical outworking of Christian witness and Christian faith integration its work. WV WASH seeks to ensure that its programmes and/or staff: 1) consistently and clearly communicate World Vision’s Christian identity and mission, with messaging adapted for WV WASH’s different audiences, 2) are provided training, mentoring and guidance to live out their faith as appropriate in their context, 3) employ evidence-based models for integrating faith and develop and employ biblically-based resources to promote good hygiene in communities where it is appropriate to do so, and 4) develop partnerships with churches and faith leaders, train and mobilise them as community advocates for WASH, and work with them to develop appropriate means and approaches for hygiene promotion. As WV WASH engages communities, boldness compels us to step across religious and cultural divides without fear, while humility compels us to do this with sensitivity and respect for others, always listening and ready to learn.

Universal Services Coverage

SDG 6 sets an ambitious goal of ensuring access to water and sanitation *for all*.

Within WV, Universal Services Coverage (USC) means that all people have access to water, sanitation and hygiene services that are safe, affordable and sustained. This is an aspirational goal, and one that will never be fully achieved in a strict technical sense, because populations and communities are always changing.

In this WASH PM, aiming for USC means that National Offices (NOs) – in partnership with the public sector, private sector and civil society – should design their WASH programmes to ensure access to at least basic WASH services for all communities and their households, schools, healthcare facilities and emergency settings. However, when measuring whether USC has been achieved, WV WASH recommends a target of 95% coverage of the district/sub-district-wide population (90% as an absolute minimum, subject to local NO contexts). This is based upon a statistically significant survey using a 95% level of confidence and 5% margin of error.

¹ The response plan to the UNC WASH evaluation recommends 1-3 districts per country at a time until Universal Services Coverage (USC) is achieved. Exceptions may be made where there is proven funding and capacity to assure timely progress toward USC. Access the Response Recommendations here: [https://www.wvcentral.org/community/wash/Documents_01/Response%20Recommendations%20Report%20-%20WASH%20Evaluation%20\(July%2011,%202019\).pdf](https://www.wvcentral.org/community/wash/Documents_01/Response%20Recommendations%20Report%20-%20WASH%20Evaluation%20(July%2011,%202019).pdf)

1.4. Primary and contributing sectors to the WASH PM

WASH makes important contributions to the following World Vision sectors: Health & Nutrition, Livelihoods, Education, and Child Protection & Participation.

WASH and health & nutrition

WASH improves health through reductions in incidence of waterborne diseases and respiratory infections, both major causes of death in children under five, and reduces contraction of neglected tropical diseases. Access to WASH services also helps children be better nourished, preventing chronic diarrhoea which leads to enteropathy and undernutrition. WASH in healthcare facilities (HCF) is critical for infection prevention and control and the provision of quality healthcare services, particularly around the time of childbirth. WASH is also needed for the prevention and control of disease epidemics and pandemics such as Ebola, cholera and COVID-19.

WASH and livelihoods

WASH improves water security to reduce hunger, poverty and malnutrition, as well as builds resilient communities and countries to safeguard livelihoods and promote early recoveries in response to emergencies. Rural piped-water systems provide water for productive uses in agriculture and business, which also promotes food and nutrition security. The absence of WASH services presents a fundamental limitation to a country's economic trajectory, as many jobs in target communities are WASH dependent.

WASH and education

WASH is a key component of a safe, non-violent, inclusive and effective learning environment. WASH integration with education (WASH in Schools) contributes to disease prevention, school attendance and school performance, especially for girls. WASH in Schools opens the path for stronger education outcomes, protects children from injury and violence, and provides opportunities to address harmful stigmas towards women and people with disabilities – and, in turn, creates opportunities to build more positive social norms.

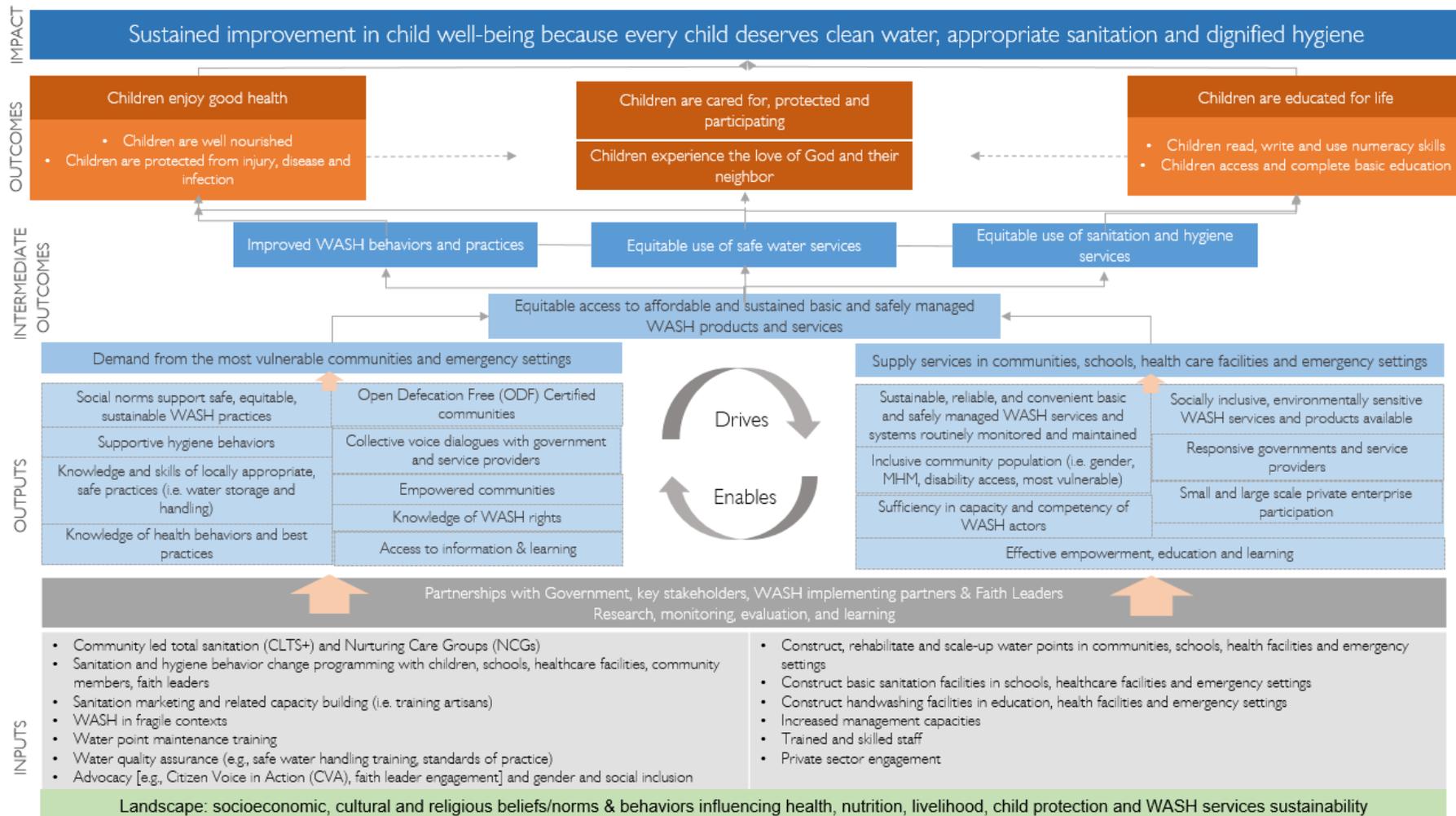
WASH and child protection & participation

WASH approaches promote and respect the rights and dignity of women, boys and girls, especially those who are vulnerable. The provision of safe, age-appropriate WASH facilities is especially instrumental in minimising discrimination, abuse and exploitation of boys and girls, as well as minimising risks of physical and sexual violence. Moreover, child protection concerns are reflected in the assessment, design, monitoring and evaluation (DME) of WASH programmes in both development and emergency contexts. Child and adolescent participation in WASH programming (especially WASH in Schools) and advocacy is an essential component of effective WASH initiatives. See also section 4.1.2 “Child and adult safeguarding standards”.

2. Programme logic

2.1. Theory of change

Table 2.1: Project model theory of change diagram



2.1.1 Impact of the model

World Vision’s WASH programmes help to improve child health and nutrition and are also critical enablers of other areas of development including education, child protection, agriculture and livelihoods. World Vision works with partners to ensure the availability of protected, functional, sustainably managed WASH services in households, schools, healthcare facilities (HCFs) and emergency settings. Communities, government and private sector actors are equipped to manage, maintain and repair the facilities for long-term sustainability. In addition to hardware construction and maintenance, World Vision works closely with community members, teachers, healthcare providers and others to promote WASH-related behaviour change.

Project participants and reaching the most vulnerable children

This PM is designed to benefit all members in the selected community of intervention, with a specific focus on children. The SDGs set an ambitious goal to achieve universal access to “safely managed” water and sanitation, and access to basic hygiene services, especially for the poorest and most vulnerable. The strategic aim of this PM is to ensure that everyone in WV programme areas has access to sustainable WASH before 2030. WV makes intentional efforts to ensure that WASH facilities are accessible, appropriate, safe and sustained for the most vulnerable in the community, including people with disabilities and those on the socio-economic margins, often women and girls.

Lack of access to WASH threatens the health and nutritional status of children, putting them at increased risk of disease and death. The risk is even greater in emergencies and fragile contexts, where WASH is critical to the prevention of deadly outbreaks that disproportionately impact children. However, the impact of poor WASH access goes far beyond just health outcomes. Long journeys to collect water and a lack of private sanitation facilities expose women and girls to risk of sexual violence, harassment and psychosocial stress. Water fetching and caring for sick children costs women productive time they might otherwise use for livelihood activities, parenting or household responsibilities. Poor WASH impacts educational access and achievement as frequent illness and water fetching can limit girls’ and boys’ ability to attend or complete school. Girls face additional barriers to education when they have limited resources for menstrual hygiene management (MHM) and when facilities, policies and norms do not support MHM. Safe water near the household and private improved sanitation facilities at home are essential for the health, safety and well-being of vulnerable women and children.

WASH in households/communities

Around 2 billion people, most of them in developing countries, lack access to a safely managed supply of drinking water at home and 771 million people lack even a basic drinking water service. Of those, 122 million people collect drinking water from surface water sources. Additionally, 3.6 billion people do not have safely managed sanitation and 2.3 billion lack basic handwashing facilities at their home.²

Without a safe drinking water supply, improved sanitation and effective hygiene practices in their households, children are at increased risk of disease and even death. More than 700 children under age five die every day from diarrhoeal diseases due to lack of access to WASH.³ Many acute respiratory infections, the leading cause of death for children under age five, can be prevented by handwashing. Poor WASH is responsible for an estimated 50% of child malnutrition,⁴ and WASH is also critical for the prevention of neglected tropical diseases (NTDs) that affect more than 1 billion people, including soil-transmitted helminthiasis, trachoma and schistosomiasis.⁵

² “Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs”, World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), 2021.

<https://washdata.org/sites/default/files/2021-07/jmp-2021-wash-households.pdf>

³ “Reimagining WASH Water Security for all”, United Nations Children’s Fund (UNICEF); March 2021.

<https://www.unicef.org/media/95241/file/water-security-for-all.pdf>

⁴ “Water, Sanitation and Hygiene”, UN-Water. <https://www.unwater.org/water-facts/water-sanitation-and-hygiene/>

⁵ “Water, Sanitation & Hygiene for accelerating and sustaining progress on Neglected Tropical Diseases; a global strategy 2015–2020”, World Health Organization, 2015. https://apps.who.int/iris/bitstream/handle/10665/182735/WHO_FWC_WSH_15.12_eng.pdf?sequence=1

WASH in schools

Lack of WASH puts everyone's health and chances of survival at risk – particularly children, who are the most vulnerable. Malnutrition and repeated episodes of diarrhoea during childhood caused by WASH-related diseases can impair physical growth and cognitive function throughout later life. As a result, children that live long enough to attend school often start school at a disadvantage.

The presence or absence of WASH facilities at schools, where children spend a significant portion of their days, impacts their health and learning opportunities. Nearly one-third of all primary schools have inadequate water facilities and more than one-third lack single-sex toilets.⁶ Girls who have reached puberty and female school staff who are menstruating need sex-specific sanitation facilities and materials for managing menstruation. Without the privacy afforded by well-equipped facilities, female students and teachers will often not use school toilets or will miss school during menstruation. Additionally, lack of proper menstrual hygiene products increases risk of reproductive and urinary tract infections.⁷

School and childhood should go hand in hand, but many children in low-income communities with no access to WASH are unable to attend class because they are sick with a diarrhoeal disease. Each year, 272 million school days are lost due to diarrhoea alone.⁸ Many children in rural areas, particularly girls, have to spend large parts of each day fetching water for their families. For adolescent girls, the presence of a safe water supply and clean, functioning, private toilet facilities for menstrual hygiene management and social norms that support MHM can be the difference between dropping out and getting an education. Furthermore, hygiene education at school can begin a lifetime of better health for all children.

WASH in healthcare facilities

All major initiatives to improve global health depend on access to basic WASH services in communities and healthcare facilities.⁹ Without WASH services in HCFs, it will be impossible to meet health goals such as reducing maternal and neonatal mortality, controlling disease outbreaks and preventing antimicrobial resistance.¹⁰ Improved WASH services in HCFs, including a safe water supply on the premises, toilets with menstrual hygiene facilities, hand hygiene stations at all points of care and proper waste disposal, results in higher quality of care, fewer healthcare-acquired infections, greater use of health services and improvements in staff retention and morale.

Many people around the world are served by healthcare facilities that lack the essentials for quality care. One in four HCFs lacks basic water services and one in five has no sanitation services, which impacts 896 million and 1.5 billion people, respectively. 42% of facilities globally have no hand hygiene at points of care and 40% globally have no system for waste disposal. WASH in HCFs is particularly important for safe childbirth and for preventing the spread of infections. One million deaths each year are associated with unclean births, and infections account for 26% of all neonatal deaths and 11% of maternal mortality.¹¹

For those living in rural areas, primary healthcare facilities are often the first point of care. As such, these facilities play a critical role in responding to disease outbreaks such as cholera, Ebola and COVID-19. Yet, without WASH, healthcare workers are greatly compromised in their ability to carry out proper infection prevention and control measures, as well as to demonstrate safe WASH practices to communities.

⁶ "Progress on Drinking Water, Sanitation and Hygiene in Schools, Special Focus on COVID-19", WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. <https://washdata.org/report/jmp-2020-wash-schools-highlights>

⁷ Helen Clark, Elhadj As Sy, "Menstrual hygiene and health: a call for dignity, rights and empowerment," World Health Organization, 28 May 2020. https://www.who.int/pmnch/media/news/2020/menstrual_hygiene_health/en/

⁸ "Human Development Report 2006: Beyond scarcity – Power, poverty and the global water crisis", UN Development Programme, New York. <http://hdr.undp.org/en/content/human-development-report-2006>

⁹ "WHO/UNICEF Report: Water, Sanitation and Hygiene in Health Care Facilities: status in low-and middle-income countries and way forward." https://www.who.int/water_sanitation_health/publications/qa-wash-hcf.pdf

¹⁰ "WHO/UNICEF Report: Global SDG baseline for WASH in health care facilities Practical steps to achieve universal WASH in health care facilities." https://www.who.int/water_sanitation_health/publications/wash-in-hcf-q-a-2april.pdf

¹¹ "Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first." World Health Organization, 2020. <https://washdata.org/sites/default/files/2020-12/WHO-UNICEF-2020-wash-in-hcf.pdf>

WASH in emergencies (WASHiE)

Access to safe water, sanitation and hygiene is particularly important in fragile contexts and emergency settings. When an emergency occurs, WASH services are one of the most critical and immediate needs for the affected population. Interruptions in WASH systems and services, either acute or chronic, can lead to increased risk of disease and death in vulnerable populations. Lack of WASH can lead to outbreaks of diseases like diarrhoea and cholera that disproportionately impact children. Children younger than the age of five in countries experiencing protracted conflict are 20 times more likely to die from causes linked to unsafe water and sanitation than from direct violence.¹²

Fragile contexts are more prone to emergencies, which span a broad spectrum that includes natural disasters, disease outbreaks, slow-onset emergencies, protracted emergencies, extreme poverty, political instability and conflict. The need can be acute and require immediate lifesaving WASH services, or the need might require focusing on building resilience to complex shocks to break the cycle of poverty and reduce recurrent need for humanitarian assistance. However, the growing threat of climate change and the unpredictable nature of natural disasters mean that any country is susceptible to emergencies.

2.2. Sustainability of the WASH PM

2.2.1 WASH and sustainability drivers

Local ownership

In the SDG era, local ownership of WASH systems is transitioning from WASH Committees, or similar structures, to the district level government. Through national WASH policies, districts are empowered to make decisions on WASH services while integrating complex “enabling environment” factors for the sustainability of local WASH services. Districts request the support of Government technical services for facilities planning and resources allocation, and they contribute to the implementation, monitoring and the evaluation of WASH services.

Districts have the responsibility of establishing linkages between WASH service providers (suppliers) and the community. Most districts are equipped to ensure the institutional and financial sustainability of WASH services including behaviour change, so that WASH systems, institutions, policies and procedures at the local level are set, functional and meet the demand of users of WASH services. Districts ensure government policies, strategies and implementation plans are cascaded to the community level through local WASH Committees.

Despite an increasing focus on system strengthening through districts, WASH Committees continue to play a critical role in the local ownership and sustainability of WASH services. The committees, representing the end-users, are responsible for the mobilisation and organisation of the community around their rights to WASH. They also provide financial contributions – from recurrent tax revenue, fee systems, decentralised funds and/or loans from local finance institutions (e.g., banks and microfinance institutions) – towards expansion of systems, maintenance and repair.

WASH Committees (or user associations in the case of mechanised systems) work with districts to delegate part of their roles and responsibilities to local service providers, such as contractors for system operation and maintenance. WASH Committees benefit from extensive capacity building, equipping them to manage and maintain water points, and to engage with the public-private sector for WASH service delivery.

More detail on WASH Committees is found in section 4.2.2 “Strengthening local ownership and building community capacity”.

In schools and healthcare facilities, local ownership is handled by the School Management Committee and the HCF Management Committee, respectively. Those committees include local government representatives, users’

¹² “For Every Child, Every Right: The Convention on the Rights of the Child at a crossroads.” United Nations Children’s Fund (UNICEF), 2019. <https://www.unicef.org/media/62371/file/Convention-rights-child-at-crossroads-2019.pdf>

leadership, technical staff leads (e.g., school director or head of HCFs). These groups should also receive extensive training for ensuring sustainable WASH services in these institutions.

Partnering

The PM prioritises partnership and collaboration with relevant government and non-governmental institutions, coalitions, platforms and alliances. Because of WV's commitment to sustainably improve safe water access, sanitation and hygiene, it networks with local partners to coordinate training, share information, participate in WASH stakeholder meetings around programming, engage in local-level advocacy efforts (for better services and funding) and support best practices. Through partnership, WV assures and strengthens staff and partner capacity in management and leadership, including capacity around monitoring and assuring long-term sustainability of WASH services. Effective engagement with government services is especially important during implementation to assure various forms of support (related to technical matters, standards, cross-learning, best practices, knowledge sharing, advocacy, joint programming, etc.). Partnership with government entities is also important to ensure integration with other sectors such as agriculture, health, education, child protection, livelihoods and advocacy. Effective research, evaluation and learning around the PM require collaboration with research institutions, including local and international universities. Effective relationships with donors are also necessary, along with compliance with donor reporting requirements.

WV WASH also engages local faith leaders to mobilise them as advocates for WASH initiatives, especially behaviour change. This partnership enhances our efforts to achieve long-lasting, positive changes in attitudes and behaviour related to water use, sanitation and hygiene practice. WV WASH also engages faith leaders in the design phase of WASH programmes to help identify suitable sites for WASH facilities and to identify any traditional beliefs or religious traditions that may promote or harm WASH outcomes. As WV works in many multi-faith contexts, WV WASH should be intentional about effectively engaging local religious leaders of varying faith communities (imams, pastors, priests, etc.), who are often the most trusted community leaders. Engaging local faith leaders through WASH interfaith workshops, to discuss and learn from one another about issues of child well-being (CWB) and community health from their various faith perspectives, serves to engage their support and mobilise them as key community advocates for our WV WASH programmes. See section 4.3 "Faith" for more details on engaging local faith leaders in WASH.

See section 3.4 for more information about partnering.

Transformed relationships

WASH facilities and services supports the transformation of lives of vulnerable families and households, ensuring that the appropriate WASH technical and social conditions are fulfilled and sustained for the long term, thus creating healthy communities. Transformed relationships in WASH is inextricably linked to local, community ownership. Implementation of the WASH PM takes place in coordination with the WASH Committees, who consult with their respective communities in visioning and planning. WASH Committees are responsible to ensure that every community member's voice (those of households, community groups, and various partners) is considered in decision-making. In this process, WV WASH's intention is that strong relationships are built among community members that are based on mutual value, trust, equity and social inclusion. This enables better community organisation and participation, and serves to help them gain experience and confidence in their capacity to be agents of change. The participation of women in WASH Committees helps them gain experience, responsibility and respect as women leaders in the community. The mobilisation and involvement of youth in WASH promotion and advocacy is also transformative for both youth and the community. Local artisans' capacities are also strengthened within the community as they contribute to facilities building, maintenance and repair. With time and experience, WASH Committees make important contributions to social cohesion in the community, as well as playing active roles in advocacy, conflict prevention and mitigation, child protection and assuring safeguarding policies are implemented and adhered to. When properly implemented, the WASH PM has the potential to build strong relationships among key actors to transform the way they work – through structured approaches, the pulling together of resources, utilising joint efforts for influence, and by advocating and sharing evidence-based learning and knowledge. More detail on WASH Committees is found in section 4.2.2 "Strengthening local ownership and building community capacity".

Local and national advocacy

The Citizens Voice and Action (CVA) approach is used in WASH to empower communities as agents of change through the establishment of a framework for influential dialogue between communities and decision makers

at the local and national levels. Community members are provided information on the status of WASH facilities and services, as well as related government planning, so that they can advocate for their improvement. CVA ensures that the needs and concerns of communities are considered in WASH programme planning and funding. It contributes to increased demand for WASH rights and the provision of quality services, as well as ensures that WASH facilities and services are sustained in the community. WV also uses the CVA approach to support communities in advocacy initiatives with key decision makers to promote changes in their institutional environment. WASH advocacy and cultivating an enabling environment through policy change are needed for sustainability and scale-up of evidence-based WASH interventions. See section 4.5 for more information about integration of the WASH PM with CVA.

Household and family resilience

In both development and fragile contexts, the PM supports improved management and use of water resources (surface water, groundwater and rainwater) for agricultural production by small-scale farmers, pastoralists and agro-pastoralists. These interventions can strengthen communities' (and other vulnerable groups') resilience and adaptive capacity to environmental and/or economic shocks and stresses. For communities to effectively adapt to the impacts of climate change, not only must WASH resources and services be used to strengthen self-reliance through water, sanitation and hygiene; but they must (and can) serve to strengthen food and livelihood security, and thus nutrition security. Interventions are also extended to improved watershed management through land use and water management practices to protect water sources from the impact of environmental degradation, improve water quality, and increase the use of soil and water conservation methods. These practices contribute to improved water quality, surface water infiltration, the renewal of water resources, protection of the ecosystem and more sustainable domestic and agricultural production. Through the implementation of watershed management planning (along with strategic partnerships and necessary capacity building), WASH projects thus play an important role in protecting the social, economic and environmental assets of vulnerable households from the risk of disaster.

2.2.2 Sustainability and WASH behaviour change

The WASH PM emphasises the importance of WASH-related behaviour change for sustained WASH outcomes. All WV WASH programmes – in communities and households, schools, healthcare facilities and emergencies – must include a behaviour change component because healthy WASH behaviours ensure that community members experience the full benefits of WASH services. Without behaviour change, including the appropriate use and maintenance of water, sanitation and hygiene services, WASH infrastructure alone will provide only limited benefits. WASH behaviour change approaches help change norms and expectations that can transform communities and lead to sustained achievement of health and well-being.

See section 3.1.1 “WASH behaviour change” for more details.

2.3. Standard logic model

2.3.1 WASH PM Standard Indicators by goal, outcomes and outputs

The WV Partnership seeks to be an industry leader in WASH monitoring and evaluation approaches and thus utilise best-in-class tools and practices that bolster programming quality, strengthen evidence of impact, engender long-term sustainability, and deliver on donor promises. Reliable, consistent and (whenever possible) disaggregated data are essential to stimulate commitment, inform decision-making and trigger well-placed investments.

The WASH-related SDG targets and indicators are foundational to measuring progress and impact of WV's WASH interventions. Consequently, the indicators used by WV are designed and aligned to capture SDG targets by ensuring that the most current (and official) SDG indicator methodologies are employed and take precedence. The indicators are based on current global norms and surveys (such as the Multiple Indicator Cluster Surveys [MICS] and Demographic and Health Surveys), and existing national standards and WHO/UNICEF WASH monitoring guidelines. This is done to ensure increased harmonisation, easy aggregation, and utilisation of WV WASH data with that of other key WASH sector stakeholders across countries and regions.

The indicators selected for monitoring and evaluating WASH interventions introduce additional criteria. They are disaggregated to provide information on intra-household variability (e.g., differential use of or access to services by gender, age, disability or Most Vulnerable Children [MVCs]). The table below (Table 1.3) shows the integrated WASH logic model with recommended standard indicators at community level, while incorporating core or essential indicators in schools and health facilities.

Table 2.2: Standard integrated WASH logic model

Sustainability indicators are written in orange and “faith and development” or faith actors’ indicators are written in green.

	Hierarchy of objectives	Recommended standard indicators	Essential / optional	Horizon code	Means of verification
Goal	Contribute to improved health, nutrition, and education outcomes for child well-being	Prevalence of diarrhoea in children under five, disaggregated by sex, age, MVC, registered children and persons with disabilities	Essential	C1B.0087	Caregiver survey; SMART survey
		Prevalence of wasting in children under five years of age, disaggregated by sex, age, MVC, registered children and persons with disabilities	Optional	C1B.0018	
		Prevalence of stunting in children under five years of age, disaggregated by sex, age, MVC, registered children and persons with disabilities	Optional	C1A.0008	
		Proportion of children currently enrolled in and attending a structured learning institution, <i>disaggregated by sex, age, MVC, registered children and persons with disabilities</i>	Optional	C2D.0295	School environment survey
Outcome 1	Universal access to safe and clean drinking water services	Proportion of the population using basic drinking water services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.0107	Caregiver survey
		Proportion of the population using safely managed drinking water services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.26011	Water point survey tool
		Proportion of drinking water collection points in communities that meet microbiological water quality standards	Essential	C3B.026349	Water point survey tool
		Proportion of drinking water collection points in communities that are functional	Essential	C1B.25982	Water point survey tool
		Proportion of functioning water supply systems meeting water quality standards	Optional	C1B.25981	Water point survey tool
		Proportion of households with water storage containers that safely store and dispense water for drinking	Optional	C1B.24996	Caregiver survey
		Proportion of households with no detectable E. coli in water used for drinking	Optional	C1B.24975	
		Proportion of education facilities using basic drinking water services	Essential	C2D.23135	WASH in schools evaluation survey
		Proportion of healthcare facilities using basic drinking water services	Essential	C1C.23176	WASH in HCF evaluation survey
Output 1.1	Access to basic drinking water services increased in communities	Number of people gaining access to basic drinking water services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.19342	WASH output monitoring tools; Horizon/GIS
		Number of people gaining access to safely managed drinking water services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.25971	

	Hierarchy of objectives	Recommended standard indicators	Essential / optional	Horizon code	Means of verification
		Number of boreholes fitted with hand-pumps in communities	Optional	C1B.19343	
		Number of water supply systems completed	Optional	C1B.25987	
		Number of water collection points installed for water supply systems in communities	Optional	C1B.19344	
		Number of water collection points installed in rehabilitated (non-functioning) water supply systems in communities	Optional	C1B.19345	
Output 1.2	Capacity to practice safe water storage and point-of-use treatment increased in communities	Number of households adopting recommended point-of-use water treatment practices	Essential	C1B.19348	WASH output monitoring tools; horizon/GIS
		Number of households trained on safe transportation, handling, storage, and dispensing water for drinking	Optional	C1B.25993	
		Number of household water quality tests performed	Optional	C1B.25992	
Output 1.3	Education facilities have increased access to basic drinking water services	Number of schools gaining access to basic drinking water services	Essential	C2D.19346	WASH in schools monitoring tool
		Number of children gaining access to basic drinking water services at education facilities, <i>disaggregated by sex, age, MVC, registered children and persons with disabilities</i>	Essential	C1B.22815	
Output 1.4	Healthcare facilities have increased access to basic drinking water services	Number of HCFs gaining access to basic drinking water services	Essential	C1B.19347	WASH in health facilities monitoring tool; secondary data
Outcome 2	Universal access to hygienic and dignified sanitation services	Proportion of the population using basic sanitation services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.23134	Caregiver survey (use interim household (HH) WASH survey module)
		Proportion of the population using safely managed sanitation services, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C3B.026353	
		Proportion of households practicing open defecation	Optional	C1B.26006	
		Proportion of households with children under five whose stools are hygienically disposed	Optional	C1B.25978	
		Proportion of households free from trash and faeces around the home	Optional	C1B.25016	
		Proportion of education facilities with basic sanitation services and appropriate student to latrine ratio	Essential	C2D.23173	WASH in schools evaluation survey
		Proportion of HCFs with basic sanitation services	Essential	C1C.23177	WASH in health facilities evaluation survey
		Proportion of health facilities practicing basic healthcare waste management	Optional	C1C.23179	
Output 2.1	Households have increased access to basic sanitation services	Number of people gaining access to basic sanitation facilities, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C1B.19349	WASH output monitoring tools
		Number of people gaining access to safely managed sanitation facilities, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C3B.026350	

	Hierarchy of objectives	Recommended standard indicators	Essential / optional	Horizon code	Means of verification
		Number of people gaining access to limited sanitation services, <i>disaggregated by sex, age and persons with disabilities</i>	Optional	C3B.026351	
		Number of people gaining access to unimproved sanitation services, <i>disaggregated by sex, age and persons with disabilities</i>	Optional	C3B.026352	
		Number of improved toilets constructed at households	Optional	C1C.19354	
		Number of communities certified as open defecation free (ODF)	Optional	C1B.19353	
Output 2.2	Households have increased access to solid waste management	Number of households that have gained effective options for solid waste management and/or disposal	Optional	C1B.0115	WASH output survey – HH, secondary data
		Number of communities implementing a new waste disposal system	Optional	C1B.25994	
Output 2.3	Education facilities have increased access to basic sanitation services	Number of children gaining access to basic sanitation services at education facilities with appropriate student-to-latrine ratio, <i>disaggregated by sex, age, MVC, registered children and persons with disabilities</i>	Essential	C2D.26010	WASH in schools monitoring tool
		Number of education facilities gaining access to basic sanitation services with appropriate student-to-latrine ratio (at least one toilet for every 25 girls, and one toilet and one urinal for every 50 boys)	Essential	C2D.22822	
		Number of education facilities with at least one improved sanitation facility that meets the needs of those with limited mobility, built or subsidised by WV	Optional	C2D.22823	
		Number of education facilities with menstrual hygiene and management facilities in place (usable at the time of visit, with at least one toilet for women/girls to manage menstrual hygiene needs, one toilet separate for staff, and one toilet for people w/limited mobility)	Optional	C2D.19352	
Output 2.4	Health facilities have increased access to basic sanitation services	Number of HCFs gaining access to basic sanitation services	Essential	C1B.22825	WASH in health facility monitoring tool
		Number of improved, sex-separated latrine stalls on premises of health facilities	Optional	C1B.22826	
Outcome 3	Universal access to basic hand and menstrual hygiene services	Proportion of the population with basic handwashing services	Essential	C1B.23136	Caregiver survey (use interim HH WASH survey module)
		Proportion of parents or caregivers who report practicing appropriate handwashing behaviour at critical times	Optional	C1B.0128	
		Proportion of women aged 19-49 that report being able to participate in all desired activities during the last menstrual period	Optional	C5A.25980	
		Proportion of women aged 19-49 that report being able to use hygiene management materials during the last menstrual period	Optional	C5A.25979	

	Hierarchy of objectives	Recommended standard indicators	Essential / optional	Horizon code	Means of verification
		Proportion of adolescents who participated in all desired activities during their menstrual period	Optional	C4B.25852	WASH in schools evaluation survey
		Proportion of adolescents who report using appropriate hygiene materials during their last menstrual period	Optional	C4B.25854	
		Proportion of education facilities with basic handwashing services	Essential	C2D.23175	
		Proportion of HCFs with basic hand hygiene services	Essential	C1C.23178	WASH in health facilities evaluation survey
Output 3.1	Access to handwashing facilities increased in communities	Number of people gaining access to a handwashing station, <i>disaggregated by sex, age and persons with disabilities</i>	Essential	C3B.026228	Monitoring tool/horizon
		Number of households gaining access to a handwashing station	Essential	C1C.19357	WASH output monitoring tools
Output 3.2	Access to basic handwashing services in education facilities increased	Number of education facilities gaining access to basic handwashing services	Essential	C1C.19358	WASH in schools monitoring tool
		Number of education facilities with at least one basic handwashing facility, constructed or subsidised by WV, that meets the needs of people with limited mobility	Essential	C2D.26003	
		Number of children gaining access to basic handwashing services at education facilities, <i>disaggregated by sex, age, MVC, registered children and persons with disabilities</i>	Essential	C1C.22827	
Output 3.3	Access to basic hand hygiene services in HCFs increased	Number of HCFs gaining access to basic hand hygiene services	Essential	C1C.19359	WASH in health facility monitoring tool
		Number of functional bathing or shower rooms with water available for women in postnatal care area	Optional	C1B.25988	
Outcome 4	WASH systems and services are maintained	Proportion of households that contribute resources for maintenance of the water system	Essential	C1C.23137	Caregiver survey (use interim HH WASH survey module)
		Proportion of households reporting a continuous water supply service	Optional	C1B.25983	
		Proportion of households who report that their WASH Committees are functional or active and meet regularly	Optional	C1B.25984	
		Proportion of households that report knowing a faith leader promoting WASH in their community	Optional	C1B.25986	
		Proportion of water supply systems where tariff is effectively/regularly collected and properly managed	Optional	C1B.25985	Water point survey tool
Output 4.1	Capacity to repair and maintain WASH systems increased in target communities	Number of WASH Committees formed or reactivated and trained, with a resource mobilisation system setup for maintenance and repair	Essential	C4B.19360	Training records
		Number of businesses active in sales, repairs, maintenance, and construction of WASH products or facilities	Optional	C4B.19361	WASH output survey – HH Horizon project implementation records
		Number of water facilities monitored for water services	Optional	C1B.25998	

	Hierarchy of objectives	Recommended standard indicators	Essential / optional	Horizon code	Means of verification
		Number of private/public entities engaged to manage water supply systems	Optional	C1B.25995	
		Number of water collection points with functional automated water payment systems	Optional	C1B.25999	
		Number of water systems designed and constructed for multiple uses	Optional	C1A.25997	
Output 4.2	Capacity to advocate for improved water, sanitation and hygiene services increased in communities	Number of community groups trained and active on WASH advocacy (including Citizen Voice and Action [CVA])	Optional	C4B.19362	CVA records
		Number of faith leaders trained as champions in a dedicated WASH training programme, disaggregated by sex, age and persons with disabilities	Optional	C3C.19363	Training records
		Number of faith leaders active in WASH promotion, disaggregated by sex, age and persons with disabilities	Optional	C1B.25996	Project implementation records
		Number of districts with Universal Services Coverage plans developed	Optional	C1B.26007	Records, project reports
Output 4.3	Capacity for integrated water resources management strengthened	Amount of area (in hectares) under improved watershed management practices or technologies	Essential	C1B.25973	Annual reports, Evaluation report
		Number of people benefiting from the adoption and implementation of measures to improve water resources management, disaggregated by sex, age and persons with disabilities	Optional	C1B.25972	

2.4. Methodology of the model

2.4.1 Description and unique identifiers

The WASH PM is built upon evidence drawn from over three decades of impactful WASH implementation in diverse settings across countries and regions. The strategic aim is to ensure that WASH programmes are transformational, community-based and sustainable – that everyone in WV programme areas has access to sustainable water, sanitation and hygiene services before 2030, especially children and others who are the most vulnerable in the communities served. The PM requires community participation and coordination with district authorities in project planning, design, implementation, monitoring and evaluation.

This PM’s principal domains of intervention include water, sanitation and hygiene. The model addresses issues in communities, schools, healthcare facilities (HCFs) and emergency settings (WV WASH’s “intervention settings”). The evidence-based practices for the WASH PM can be grouped into four “essential interventions” that should always be addressed and/or undertaken in any WASH project. These include 1) water access, 2) sanitation access, 3) hygiene access, and 4) WASH behaviour change. These are further elaborated in the next section (2.4.2) and more details about these essential interventions of the model are provided in section 3.1.

WV works with central government for policy and strategy compliance and with district leadership in targeted settings to conduct participatory diagnostics of WASH issues and needs, and addresses them with appropriate interventions that take into account local socio-economic and environmental conditions. Using the Learning through Evaluation with Accountability and Planning (LEAP) approach, WV – in partnership with districts, communities, partners and service providers (including the private sector) – plans, designs, implements, monitors and evaluates appropriate and adapted technical WASH options which are aligned with government standards and international guidelines.

Sustainability of WASH services requires the establishment of management structures that ensure the technical capacity of users, promote gender equality and social inclusion, establish partnerships and

collaboration with service providers, support government structures and ensure sustained financing through cost recovery mechanisms. Behaviour change is also a critical component for sustainability of WV WASH programming.

The uniqueness of WV WASH's project model is tied to its long-term presence in communities (~15 years). This allows for deep and meaningful partnership with local organisations and district stakeholders, demand-driven projects with significant community involvement building local ownership and capacity, and a commitment to sustained behaviour change. The PM also pays special attention to issues of child protection and gender, equity, and social inclusion (including disability considerations). These features result in a unique model for community transformation through measurable impacts.

2.4.2 WASH PM implementation

Water, sanitation and hygiene are *interdependent* when addressing key health issues. The impact of access to improved drinking water can only be fully realised when there is also access to improved sanitation and effective hygiene practices. The well-known Sanitation Hygiene Infant Nutrition Efficacy (SHINE) trials demonstrated that when WASH programming is implemented as a whole package (concurrent implementation of water, sanitation and hygiene interventions) maximum impact on child health is achieved.¹³ As is the present consensus of most major stakeholders in the WASH sector today, this PM recommends the integrated use of water, sanitation and hygiene packages together.

In view of this integrated approach, WV gives priority to the following interventions:

1. Water access, including the provision of safe water at the source (e.g., borehole, tap) and safe water transportation, storage and use (including point-of-use drinking water treatment when necessary)
2. Sanitation access, including access to hygienic toilets/latrines, elimination of open defecation, solid and liquid waste management, clean household and community compounds, and safe handling of infant and child faeces
3. Hygiene access, including access to handwashing and menstrual hygiene services
4. WASH behaviour change to ensure sustained hygienic conditions and practices that maintain health and prevent disease, including the appropriate use and maintenance of WASH services

At all stages, interventions are monitored and evaluated.

Often, country technical and financial partners, and/or other NGOs, may implement WASH activities in communities, districts or regions prior to WV entry to the area. In cases where these interventions only cover one or two of the principal domains of WASH intervention (water, sanitation or hygiene), upon entry, WV should focus on complementing the WASH package with the remaining intervention(s).

WASH in schools, HCFs and emergencies can be implemented separately from WASH in communities. As somewhat distinct WASH programmes, they do not necessarily (or always) target the same settings and they have different standard implementation requirements.

Some aspects of the PM can be implemented through qualified partners and service providers, including these:

1. The outsourcing of water system and sanitation and hygiene facilities construction, most notably in cases where a WV National Office may not have the required capacity, equipment and/or experience.
2. Utilising food-for-work/cash transfer approaches for interventions that require a high amount of human labour, (such as water storage systems, water piping works and sanitation facilities construction, most often in emergency and early recovery programmes). WV may consider using the food-for-work or cash-for-work approaches through the support of entities with the required experience and capacity (e.g., food assistance or a similar initiative, such as those WV implements with the World Food Programme).

¹³ J. H. Humphrey et al., "Independent and combined effects of improved water, sanitation, and hygiene, and improved complementary feeding, on child stunting and anaemia in rural Zimbabwe: a cluster-randomised trial", *Lancet Glob Health*. 2019; 7(1): e132–47 [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30374-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30374-7/fulltext)

3. The outsourcing of community-based software activities. WV may engage partners with demonstrated capacity for community organisation, community participation, community education and sensitisation, Designing for Behaviour Change (DBC) framework implementation, and sanitation promotion approaches to implement such activities on behalf of WV.
4. Evaluation of the project model. This PM recommends that independent evaluators conduct the evaluation process, although this is not a requirement.

2.5. Level of evidence for the model

2.5.1 Summary review of the evidence

An increasingly robust and strong evidence base demonstrates that access to clean water, adequate sanitation and good hygiene practice lead to improved health, nutrition, education and economic outcomes. One meta-analysis shows that handwashing with soap, excreta disposal and improved water quality can reduce diarrhoea risk by 48%, 36% and 17%, respectively.¹⁴

In spite of recent discussion on how much of diarrhoeal disease can be attributed to poor WASH, there is strong consensus that faecally transmitted infections (FTIs), cholera and other diarrhoeal diseases are primarily caused by poor WASH¹⁵ and remain the second leading cause of death globally among children under five years old.¹⁶ Poor WASH also has a strong association with neglected tropical diseases (NTDs) such as guinea worm, schistosomiasis, soil-transmitted helminthiasis and trachoma that can have a devastating effect on children and their families.¹⁷

While the scale of effect of WASH interventions on undernutrition is less clear, there is a strong and growing consensus in the WASH and nutrition sectors that WASH is an essential intervention to address undernutrition. Children are more likely to be undernourished and stunted if they are exposed to FTIs – including diarrhoeal disease and intestinal worms, which are linked to inadequate WASH services and open defecation.¹⁸ In 2018, WHO analysed more than 1,000 studies between 2012 and 2017, which supported the protective effect of good sanitation on infectious diseases and nutrition outcomes, and suggested greater impacts when entire community coverage of sanitation is achieved.¹⁹

Growing evidence shows that inadequate WASH facilities act as a barrier to children's attendance and performance in schools, especially for girls,²⁰ and particularly for girls post-menarche when their menstrual hygiene management (MHM) needs are not addressed. Limited studies have shown that children with

¹⁴ Sandy Cairncross et al., "Water, sanitation and hygiene for the prevention of diarrhoea." *International Journal of Epidemiology*, Volume 39 (2010). https://academic.oup.com/ije/article/39/suppl_1/i193/703351

¹⁵ J. E. Mills, JO Cumming, "The impact of water, sanitation and hygiene on key health and social outcomes." SHARE Consortium, London School of Hygiene & Tropical Medicine and UNICEF Water, Sanitation and Hygiene (2016). https://www.lshtm.ac.uk/sites/default/files/2017-07/WASHEvidencePaper_HighRes_01.23.17_0.pdf

¹⁶ C. L. F. Walker et al., "Global burden of childhood pneumonia and diarrhea", *Lancet* (2013). <https://pubmed.ncbi.nlm.nih.gov/23582727/>

¹⁷ Mills, Cumming, 2016.

¹⁸ O. Cumming & S. Cairncross, "Can water, sanitation and hygiene help eliminate stunting? Current evidence and policy implications", 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5084825/>; Rosie Crane et al., "Environmental enteric dysfunction: An overview, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4472379/>; William Checkley et al., 2008. "Multi-country analysis of the effects of diarrhoea on childhood stunting", *International Journal of Epidemiology*, (2008). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734063/>; Ziegelbauer et al., "Effect of sanitation on soil-transmitted helminth infection: systematic review and meta-analysis", *PLOS Medicine* (2012). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265535/>.

¹⁹ "WHO Guidelines on Sanitation and Health", World Health Organization, 2018. <https://www.who.int/publications-detail-redirect/9789241514705>

²⁰ Matthew Freeman et al., "Assessing the impact of a school-based water treatment, hygiene and sanitation programme on pupil absence in Nyanza Province, Kenya: a cluster-randomized trial", *Tropical Medicine and International Health* (2012); Micky Willmott et al., "Effectiveness of hand hygiene interventions in reducing illness absence among children in educational settings", *Archives of Disease in Childhood* (2015). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4717429/>

disabilities are often unable to attend school due to lack of accessible toilets.²¹ Poor access to safe WASH services can have profound impacts on women and girls, including adverse pregnancy outcomes, maternal mortality, violence and psychosocial stress.²² Women and girls are disproportionately affected by inadequate WASH services (e.g., loss of productive and leisure time from water collection and other WASH-related domestic labour, exclusion from full participation in schools and social activities, reproductive or urinary tract infections arising from delayed urination or lack of appropriate MHM materials, loss of dignity and threat of sexual assault due to the lack of toilets both in times of stability and crisis).²³

2.5.2 Effectiveness and sustainability of achieved outcomes

Due to its impact across multiple sectors, WASH is highly cost effective. Consider the following figures.^{24,25}

1. WASH yields on average \$4 USD in benefits for every \$1 USD invested.
2. In rural areas, with every \$1 invested in basic drinking water, an average of nearly \$7 is returned in saved medical costs and increased productivity.
3. In rural areas, every \$1 invested in sanitation returns on average more than \$5 in saved medical costs and increased productivity.
4. In urban areas, for every \$1 invested in basic drinking water, an average of more than \$3 is returned in saved medical costs and increased productivity.
5. For every \$1 invested in basic sanitation in urban areas, the return is \$2.5.

In terms of time taken for people to have access to WASH services, the timeline or duration of WASH interventions range from one day to six months depending of the type of intervention. For safe water access, the intervention can be completed from one day to one month; two days for household sanitation; two months for school and HCFs sanitation; one day for hygiene facilities provision; and six months for behaviour change engagement (using DBC and NCG approaches).

In contrast to the typical failure statistics associated with water points, World Vision's water points have historically had a high rate of functionality. Findings from a 2015 external study done by the Water Institute at the University of North Carolina (UNC) showed that WASH Committees with a fee collection system led to longer lasting water systems. The study, which examined 1,470 wells in the Greater Afram Plains region of Ghana, found that nearly 80% of wells implemented by World Vision were still operational after more than two decades.²⁶ This is a higher percentage than the average across Sub-Saharan Africa, which is around 75%.²⁷

²¹ O. M. Bah. "Community involvement in school water projects: Experience from post-conflict Sierra Leone", *Enabling Education Network* (2010); <https://www.eenet.org.uk/enabling-education-review/enabling-education-14/newsletter-14/14-9/>; Nora Groce et al., "Water and sanitation issues for persons with disabilities in low- and middle-income countries: A literature review and discussion of implications for global health and international development", *Journal of Water and Health, Journal of Water & Health* (2011). <https://pubmed.ncbi.nlm.nih.gov/22048421/>

²² J. E. Mills, O. Cumming, 2016.

²³ Gender, Water and Sanitation: A Policy Brief, UN-Water, 2006. <https://www.unwater.org/publications/gender-water-sanitation-policy-brief/>; S. House et al., "Violence, Gender and WASH: Practitioners' Toolkit – Making water, sanitation and Hygiene safer through improved programming and services", 2014. <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/2098>; "IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action", UN Office for the Coordination of Human Affairs, 2015. <https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015>; Mills JE, Cumming O, 2016.

²⁴ Guy Hutton et al., Benefits and Costs of the Water Sanitation and Hygiene Targets for the Post-2015 Development Agenda, Post-2015 Consensus document, working paper, 2015. https://www.copenhagenconsensus.com/sites/default/files/water_sanitation_assessment_-_hutton.pdf

²⁵ "Water, Sanitation and Hygiene", UN-Water, <https://www.unwater.org/water-facts/water-sanitation-and-hygiene>

²⁶ M. Fisher et al., "Understanding handpump sustainability: Determinants of rural water source functionality in the Greater Afram Plains region of Ghana", *Water Resources Research* (2015). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5019267/>

²⁷ Tim Foster et al., "Functionality of handpump water supplies a review of data from sub-Saharan Africa and the Asia-Pacific region", *International Journal of Water Resources Development* (2020). <https://www.tandfonline.com/doi/ful/10.1080/07900627.2018.1543117?scroll=top&needAccess=true>

2.5.3 Identified gaps in evidence and impact on the WASH PM

While there is a strong and growing evidence base for the impact of water, sanitation and hygiene interventions, there is less research available on the *combined* effects of WASH interventions on diarrhoea and mortality. While more trials are needed, the existing (and growing) evidence supports the combined provision of water, sanitation and hygiene for all. Furthermore, emerging research demonstrates that repeated episodes of diarrhoea (primarily due to unsafe water and poor sanitation) can cause environmental enteropathy, which can lead to stunting in children.²⁸ The BabyWASH approach addresses this area, focusing on the provision of a safe and hygienic environment for mother and child for the first 1,000 days of life.²⁹ However, more research is still needed in this area.

Further research is also needed to explore the sustainability of achieved outcomes across water, sanitation and hygiene service provision in community, school and healthcare facility settings. While research shows how WASH Committees contribute to long-lasting water systems, additional research is necessary to explore the factors that lead to lasting sanitation and hygiene behaviour change and progressive improvement in WASH infrastructure. True progress and sustainability will be marked by the community improving their infrastructure by their own resources and initiative, after programme implementation and WV exit. Significant evidence gaps also remain, particularly on the role of food contamination and the contribution of animal waste to disease transmission.

In 2018, the WASH sector was surprised by three new high-quality studies (WASH Benefits in Kenya and in Bangladesh and the SHINE study in Zimbabwe) that showed little or no impact of selected WASH interventions on reducing childhood diarrhoea and stunting.³⁰ The studies themselves and subsequent commentary have put forward a number of factors that may have contributed to poor results, including incomplete community coverage, lack of continuous water through household connections, continued exposure to animal and child faeces, poor food hygiene, ineffectiveness of chlorination against some key pathogens (notably cryptosporidium), and the short time between interventions and follow-up assessments. In addition, the interventions did not replicate investments in the enabling environment or “system” for sustained service delivery as typically implemented by WASH practitioners. Despite the limitations, the WASH Benefits and SHINE studies have provided an important new contribution to the evidence base by calling for transformative WASH interventions that are more context-specific (i.e., responding to local sociocultural, economic and environmental factors) and risk-based (i.e., responding to local disease burden and transmission patterns).

Additional research is also needed on faith integration in WASH and the impact of faith leaders and faith communities on WASH outcomes. While faith leaders have been actively involved in WASH promotion and behaviour change in many programmes (see section 3.6.2 “Channels of Hope” for a description of faith leader engagement in the Ebola outbreak, for example), there is more research needed to better understand their impact and potential.

Though the evidence base is growing, additional research is needed to deepen understanding around the impact of WASH on economic development, food security, water resource management and climate resilience.

2.5.4 Evidence rating from the PM technical review panel

The PM Technical Review Panel has assessed the components of the WASH PM and rated them according to different evidence criteria. Ratings and colour coding range from 0% (red) to 100% (deep green), indicating poor to high quality evidence, respectively.

²⁸ Mdudzi Mbuya, Jean Humphrey, “Preventing environmental enteric dysfunction through improved water, sanitation and Hygiene: an opportunity for stunting reduction in developing countries”, *Maternal & Child Nutrition* (2016). <https://pubmed.ncbi.nlm.nih.gov/26542185/>

²⁹ <https://www.wvi.org/publications/manualtoolkit/babywash-toolkit>

³⁰ Amy Pickering et al., “The WASH Benefits and SHINE trials: interpretation of WASH intervention effects on linear growth and Diarrhoea,” *The Lancet Global Health* (2019). [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30268-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30268-2/fulltext)

The criteria include relevance, effectiveness, internal validity and external validity. Evidence came from diverse publications, both external from the sector and internal. “Relevance” refers to the ability of an intervention to solve a specific problem. “Effectiveness” refers to the ability of an intervention to bring about an intended result. “Internal validity” refers to whether there is a causal link between an intervention and an expected outcome. “External validity” refers to the extent to which the outcome of an intervention can be expected to apply to other groups of people or settings.

Evidence Material

- A: Interventions to reduce diarrhoea in less developed countries
- B: WASH for the prevention of diarrhoea
- C: Handwashing promotion for preventing diarrhoea
- D: Water and Sanitation in Schools: A Systematic Review of the Health and Educational Outcomes
- E: Effect of a community-led sanitation intervention on child diarrhoea and child growth in rural Mali
- F: Evidence on respiratory diseases
- G: Clean birth and postnatal care practices to reduce neonatal deaths from sepsis and tetanus

Evidence Material		Evidence Rating						
		A	B	C	D	E	F	G
Evidence criteria	Relevance	83%	83%	66%	50%	66%	50%	27%
	Effectiveness	100%	83%	100%	100%	83%	67%	50%
	Internal Validity	90%	94%	47%	83%	91%	48%	90%
	External validity	100%	100%	86%	93%	50%	10%	52%
	Average score	93%	90%	75%	81%	72%	44%	55%

Scale	Very Poor	Poor	Fair	Average	Good	Excellent
	0%	20%	40%	60%	80	100%

2.6. Contexts in which the model has worked

World Vision has engaged in targeted WASH programmes since the mid-1980s. During the first 25 years of WASH programming, World Vision learned from its field experience (as well as from other partners working in the WASH sector) to adjust and improve its WASH programming for maximum impact. The WV WASH PM has been in use since 2010, beginning with ten countries in Africa, and growing to some 25 countries in Africa, Asia, the Middle East and Latin America/Caribbean regions by 2016, including interventions in both development and fragile contexts. By 2020, the model was being employed in some 45 countries across the world. The basic components of the PM are similar to those used and promoted by other major actors in the WASH sector.

2.6.1 WASH PM testing and validation

The PM has been used, tested and validated in more than 40 countries (in West Africa, Southern Africa, East Africa, Latin America, Middle East/Eastern Europe and Asia-Pacific regions) where WV has supported WASH projects. This has taken place primarily in rural and peri-urban communities in long-term development contexts, but also in fragile contexts and emergency settings in each of these regions.

2.6.2 Contextual factors impacting project success

The PM has been primarily developed for implementation in communities in relatively stable environments (non-fragile contexts), but it can be adapted for fragile and/or emergency settings. Major contextual factors that can affect the likelihood of success of the PM are the following:

Community engagement: Effective community engagement, from the outset of project planning and implementation to project completion, is essential to ensure both local ownership of WASH facilities and sustainability. Much of the PM's success depends on the effectiveness to which the community WASH Committee is established, trained and equipped for long-term fee collection, system maintenance and repairs.

Physical environment: Many communities served by WASH programmes may be in remote, hard-to-reach locations, especially when heavy well-drilling equipment is involved. Therefore, effective implementation of the PM may require careful annual planning to ensure access (and available materials), especially during seasonal dry periods.

Supply chain and procurement: Effective implementation of the PM relies on the timely procurement of often significant quantities of well-drilling, borehole and system-distribution materials. It is critical to ensure procurement of materials that meet quality standards and align with seasonal drilling and system installation periods.³¹ Delays related to supply chain (due to poor planning, encumbering internal or external bureaucracy, border closures, customs issues, etc.) can cause major setbacks of up to a year in achieving planned targets.

Partnering with local government entities: Sustained, universal access to WASH facilities, as well as sustained shifts in WASH-related behaviours, are dependent on local government capacities to provide both initial and ongoing support. Therefore, intentional and effective engagement with relevant government ministries (e.g., Ministry of Water & Sanitation, Ministry of Health, etc.) is necessary to ensure alignment with national strategy and policy, partner in shared objectives, coordinate and complement efforts, build capacities, and ultimately ensure that WASH services are sustained for the long term after systems are turned over to the community and local government.

Other faith contexts: Some communities where WASH is implemented have a majority of people practicing other faiths (e.g., Islam, Hinduism, Buddhism, etc.). As a Christian organisation implementing WASH programmes in such environments, success of the PM can be dependent on the level of trust that WV establishes with the community. One aspect of building this trust is through effective local faith-leader engagement around WASH and shared desires for healthier communities. For guidance on the integration of WASH and faith programming, refer to the Practitioner's Guide for Faith Integration in WASH Programmes.³²

Fragile contexts and/or emergencies: Fragile contexts and emergency settings (including man-made and natural disasters, disease outbreaks, etc.) present unique and challenging circumstances for successful implementation of the PM, although it is designed with sufficient flexibility to succeed in these contexts. Under these circumstances, special attention is given to immediate water access from point-of-use (POU) sources, with a view to long-term rehabilitation of facilities within 120 days of crisis onset. Emergency sanitation and hygiene, along with necessary education and sensitisation around hygiene practice, often in collaboration with partners, are crucial. In fragile contexts, it is important to understand and identify the perceptions of risk that WASH interventions may create among state and non-state actors, including understanding existing policies (both formal and informal). It is important that governments provide an enabling environment that allows for access and protection. Moreover, the participation of the affected population is fundamental to ensuring life with dignity in these contexts. Communities may be underserved and/or discriminated against because of nationality, ethnicity, language, or religious or political affiliation, requiring special attention to ensure impartiality. WV staff must identify risks, review related policies and assess potential obstacles and opportunities for PM implementation. Greater detail is provided in the WASH in Fragile Contexts section of this document (see section 3.5).

³¹ World Vision WASH Procurement Guidelines: Procedures and Standards for Staff: [https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20Final%20\(Internal\).pdf?Web=1](https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20Final%20(Internal).pdf?Web=1)

³² Practitioner's Guide for Faith Integration in WASH Programmes, forthcoming in FY22.

3. Project Model design and implementation quality

3.1. Essential elements

3.1.1 Essential interventions central to design and implementation

The WV WASH PM utilises a set of evidence-based practices in three principal “domains of intervention”: water, sanitation and hygiene. These interventions occur in four settings, including communities and households, schools, healthcare facilities (HCFs) and emergencies. The evidence-based practices are grouped into four “essential interventions” that should be applied together in any WASH project to provide maximum impact. These essential interventions should always be addressed and/or undertaken in any WASH project, although the level of intervention may vary among settings depending on the need and local context. They include 1) water access, 2) sanitation access, 3) hygiene access, and 4) WASH behaviour change. Water, sanitation and hygiene “access” (essential interventions 1-3) refers to the *provision of access to facilities and services*. WASH behaviour change (essential intervention 4) refers to the *behaviours that ensure hygienic conditions and practices* and supports the access-related interventions in a cross-cutting role.

Water access

World Vision aims to provide universal and equitable access to drinking water services that are safe, affordable and sustained in all districts where it works, including communities and their households, schools and HCFs. This includes all aspects of clean, safe water provision from source to point of use (POU). It also includes water treatment at the source and at household level, the rehabilitation of damaged or non-functional water points and the expansion of existing water supply systems. It is critical to also consider behaviour change related interventions to ensure that water is kept safe during collection, transportation, storage and use, as well as water source protection and management for long-term sustainability. See essential intervention 4 for information about WASH behaviour change.

WV’s standard is for households to have access to “basic” water services at minimum or “safely managed” services when possible (see Appendix 1 for definitions and corresponding indicator codes for tracking progress). For schools and HCFs, a safe water source should be located on the premises and be sufficient in quantity to meet the demand of the schoolchildren or the HCF. In all settings, water systems should be located and designed to meet the needs and safety concerns of vulnerable groups, including women and children and those with disabilities.

Safe drinking water requires a high level of quality as established and/or mandated by national drinking water standards and/or WHO drinking water quality guidelines.³³ Such quality is necessary to prevent waterborne diseases and enable good hygiene. The PM gives high priority to assuring water quality through the procurement of quality goods and materials for construction of facilities.³⁴ It also provides guidance to implement water safety planning, water management for sustainability, scalability and replicability, as well as for post-implementation monitoring. Aspects of Integrated Water Resources Management (IWRM), watershed management, and soil and water conservation approaches are also integrated to ensure water quality is improved and sustained.³⁵

In all settings, the choice of technology options should include the construction of a sustainable improved water system that meets the demand of communities. Additionally, materials used for construction of new water systems must comply with national standards, or international or WV approved standards if national standards are inadequate. Access to water may also be extended to the promotion of community resilience through water availability for livelihood activities. Examples include: (i) water for agriculture and small-scale irrigation, (ii) water for livestock, (iii) water for product transformation, and (iv) business development around water availability and water treatment, among many others.

³³ <https://www.who.int/publications/i/item/9789241549950>

³⁴ “Guidelines for drinking-water quality, 4th edition, incorporating the 1st addendum”, World Health Organization, 2017. [https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20Final%20\(Internal\).pdf?Web=1](https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20Final%20(Internal).pdf?Web=1)

³⁵ Refer to the WASH Core Project Model Field Guidance, forthcoming in FY22.

In emergency settings, access to clean water is critical for communities to survive, adapt and thrive. While water quality is an important consideration in all aspects of fragile contexts and/or emergency settings, water quality should be given particular attention under the “adapt” and “thrive” dials of the Fragile Context Programme Approach (FCPA).³⁶ The “adapt” and “thrive” dials focus on community resilience to shocks and threats (see section 3.5.1, Table 3.4). Lessons learnt from disease outbreaks such as Ebola and COVID-19 have strongly demonstrated the importance of sufficient clean water for improved hygiene and sanitation practices, particularly handwashing. In emergency contexts, WV adheres to the Sphere Standards,³⁷ local WASH Cluster agreed standards and the national standards of each country.

Sanitation access

WV WASH aims to provide universal and equitable access to sanitation services that are safe, affordable and sustained, and that end open defecation. The PM gives priority to sanitation because of its critical role in preventing faecal-oral transmission of disease, which is the spread of disease through germs in faecal materials from one human to another through water, food, flies, surfaces and other vectors.

Sanitation intervention settings include communities and their households, schools, healthcare facilities (HCFs) and emergencies. World Vision ensures these settings have access, at minimum, to “basic” sanitation facilities and services with the possibility to move up the sanitation ladder to “safely managed” services, depending on specific contexts, settings, priorities, needs, capacities and the availability of financial resources (see Appendix 1 for definitions and corresponding indicator codes for tracking progress). Toilets must be safely located and equipped for women and girls to care for their specific hygiene needs and for persons with disabilities to care for their personal needs with dignity (see section 4.4.4 for more information).

Interventions include access to hygienic toilets/latrines in households and institutions (including schools and HCFs), the elimination of the practice of open defecation, the safe handling of infant and child faeces at home, the overall cleanliness of the community and household compounds, and solid and liquid waste management (including the management of animal faeces). WV supports the entire sanitation value chain in urban and emergency contexts and foresees this approach to be extended to rural contexts as well – from the collection of faecal and other waste materials through safe transport, storage, treatment and reuse.

The PM recommends the use of local materials to build slabs and superstructures as a strategy to reduce or eliminate external subsidies. However, market-based approaches – which involve the linking of low-cost construction technology businesses (e.g., low-cost prefabricated latrines) with end users – are also highly encouraged. Adverse conditions for the construction of pit latrines (including high groundwater tables, soils that cannot be excavated or soils that collapse easily) can limit low-cost options for sanitation and may require a programme to offer subsidies for adequate faeces disposal options.

WV WASH programmes must also implement interventions focused on sanitation behaviours, including the elimination of open defecation, proper latrine use, latrine cleaning and maintenance, and handwashing with soap after defecation or handling faeces. This is addressed in essential intervention 4) WASH behaviour change.

Hygiene access

WV WASH aims to provide universal access to handwashing and menstrual hygiene services that are safe, affordable and sustained. This PM considers handwashing with soap to be one of the most important WASH interventions because of its contribution to reducing child mortality, fighting undernutrition and improving access to education. Like sanitation, handwashing helps to prevent disease by reducing transmission of germs such as those from faeces and contaminated surfaces. Evidence suggests that handwashing at key times can

³⁶ World Vision’s Fragile Context Programme Approach Starter Kit (Page 6).

<https://teams.wvcentral.org/sites/FragileContextsExpansion/Documents/FCPA%20Starter%20Kit%202019.pdf>

³⁷ “The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response”, Sphere, 2018.
<https://handbook.spherestandards.org/en/sphere/#ch001>

prevent 48% of diarrhoea episodes.³⁸ Handwashing with soap is also critical in the prevention of respiratory infections and disease outbreaks and pandemics such as Ebola, cholera and COVID-19.

The PM places priority on ensuring that households, communities, schools, HCFs and emergency settings have access to basic hygiene facilities and supplies. The minimum basic service requirement is the availability of a handwashing facility/device on the premises equipped with water and soap (see Appendix 1 for definitions and corresponding indicator codes for tracking progress). At the household level, access to facilities involves encouraging households to build or purchase handwashing kits. As possible and appropriate, schools and HCFs should be equipped with handwashing stations that include sinks, faucets and soap dispensers. In stable contexts, consider supply chain linkages for ensuring sustained community access to hygiene supplies. In emergency settings, it may be necessary to distribute essential hygiene items per Sphere standards.

Menstrual health and hygiene (MHH) is also an important aspect of WV WASH programming. MHH refers to both menstrual hygiene management (MHM), which is the hygienic management of the menstrual process, as well as the broader systemic factors surrounding menstruation, including policy and advocacy, timely and accurate knowledge about menstruation, social norms around menstruation, access to safe and affordable menstrual hygiene materials, and access to sanitation and washing facilities.

The WV WASH PM aims to provide universal access to menstrual hygiene services that are safe, affordable and sustained. This includes access to appropriate sanitation facilities at schools and HCFs (equipped with running water or a bucket for water collection, soap, menstrual pad disposal, cleaning/washing space, and changing space) and access to MHM materials and supplies. In emergency settings, WV WASH recommends the distribution of sanitary items for MHM. It is also important to address cultural norms and stigma associated with menstruation, as well as to ensure the provision of menstruation-related education and skills building. These are addressed in essential intervention 4) WASH behaviour change. See sections 4.4 and 4.5 for more information about advocacy related to MHH.

In addition to access to handwashing and menstrual hygiene services, it is critical to also focus on related behaviours. This is addressed in more detail in essential intervention 4) WASH behaviour change.

WASH behaviour change

The final essential intervention, WASH behaviour change, ensures sustained hygienic conditions and practices that maintain health and prevent disease, including the appropriate use and maintenance of water, sanitation and hygiene services. WASH behaviour change approaches help change norms that can transform communities and enable achievement of health and well-being. Behaviour change approaches, which are cross-cutting and support essential interventions 1, 2 and 3, are a required component of WV WASH programmes, because healthy WASH behaviours ensure that community members experience the full benefits of WASH access. For more information about behaviour change and designing a WASH behaviour change programme, refer to WV WASH's behaviour change guidance document³⁹.

WV WASH conducts behaviour change through various approaches depending on the context. These approaches include, among others, Nurturing Care Groups (NCGs), Community-Led Total Sanitation (CLTS⁴⁰), sanitation marketing, and engagement of faith actors and/or leaders. The NCG model is a WV adaptation of the Care Group approach and can be used to promote behaviours from WASH, Health and Nutrition, and Child Protection. Behaviour change approaches can also be used to influence cultural norms and stigma related to menstrual health, and to provide important education and skills building related to menstruation.

³⁸ Sandy Cairncross et al., "Water, sanitation and hygiene for the prevention of diarrhoea", *International Journal of Epidemiology* (2010). https://academic.oup.com/ije/article/39/suppl_1/i193/703351

³⁹ https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Behavior%20Change%20Guidance.pdf?Web=1

⁴⁰ Though very popular with national governments and across the WASH sector, CLTS is not likely to be effective on its own in generating long-lasting sanitation facilities. When possible, CLTS should be combined with other sanitation approaches, like sanitation marketing and microfinance. Gender and disability also need to be considered in the design and promotion of sanitation facilities. CLTS with those additional components, focusing on ending open defecation and building sustainable sanitation services, is sometimes referred to as CLTS+ or CLTS++.

There are misconceptions about the causes of disease and death in many countries, and these misconceptions are often created or perpetuated by people of faith or even faith leaders in communities. For example, a community might misattribute the cause of disease to spiritual reasons (e.g., curses, fate, sin, or punishment) rather than harmful WASH practices. Most of the communities in which WV works are religious, and faith institutions and leaders can have significant influence on the beliefs, attitudes and behaviours of those in their community. Because faith leaders are often trusted leaders in their communities, their sermon messaging can be an effective tool in dispelling harmful health and WASH-related beliefs and practices, and in gender and social inclusion considerations. Many religious texts (including the Bible, Quran and others) support WASH best practices and discredit unsafe hygiene and sanitation practices, which can make them effective tools in behaviour change programming.

World Vision prioritises the following eight household-level WASH behaviours:

1. Handwashing with soap and running/flowing water at these critical times
 - After defecation/using the toilet
 - After changing diapers/handling infant faeces
 - Before preparing food
 - Before eating
2. Safe construction and proper/hygienic use of toilets
3. Safe disposal of infant/child faeces in a toilet
4. Separation of children from soil and animal faeces
5. Household treatment, handling and storage of drinking water with appropriate methods
6. Safe use and disposal (or cleaning, if reusable) of menstrual hygiene materials
7. Food hygiene (including eating utensils and eating area)
8. Paying for water use.

In schools, the establishment of WASH clubs can be used to support behaviour change, especially where hygiene education is included in the school curricula. While school WASH clubs (SWCs) and School-Led Total Sanitation are two approaches often used for influencing WASH behaviour at schools, World Vision is expanding use of WASH UP! – a school-based hygiene behaviour-change programme originally developed by Sesame Workshop. WASH UP! Delivers behaviour-change messages through songs, games, videos and activities to help children learn, practice and share safe sanitation and hygiene behaviours. The Girl Talk program is a follow-up curriculum to WASH UP! that supports girls' empowerment and MHM.

World Vision promotes the following three WASH behaviours at schools:

1. Handwashing with soap and running/flowing water at critical times
2. Proper/hygienic use of toilets
3. Safe use and disposal (cleaning or storage, if reusable) of menstrual hygiene materials.

In healthcare facilities, USAID's Clean Clinic Approach is an incentive-based approach that encourages HCFs to establish WASH goals and make incremental improvements toward the end goal of achieving "Clean Clinic" status, as defined with the national Ministry of Health. Information, education and communication (IEC) is an approach for disseminating WASH-related messages, often at HCFs, and for promoting effective infection prevention and control in HCFs. However, this approach is not enough on its own and should be paired with other behaviour change approaches.

World Vision promotes the following four WASH behaviours at HCFs:

1. Proper hand hygiene by health staff worker (water and soap or alcohol-based rub)
2. Proper and hygienic use of the toilet (by staff, patients and visitors)
3. Safe handling and disposal of hospital waste
4. Regular toilet maintenance.

3.1.2 Adaptation for different contexts

In limited resource settings, WV offices should prioritise the implementation of WASH in communities (and their households) rather than in schools and/or HCFs.

In some cases, technical and financial partners, and/or other NGOs, may implement WASH activities in communities, districts or regions prior to WV entry to the area. In instances where these interventions only cover one or two of the principal domains of WASH intervention (water, sanitation or hygiene), WV should focus on complementing the WASH package with the remaining intervention(s). As behaviour change is a continuous process, it should be central to all WV WASH programming.

For information about how to adapt the PM for emergencies, fragile contexts, transitioning economies and urban contexts, see section 3.5.

3.2. Staffing requirement and competencies

3.2.1 Required staff for successful implementation

WASH staff structure and size will depend on the scale of the Technical Programme (TP). Generally, the following roles are necessary for WASH implementation for small WASH programmes and for large WASH programmes (scaled up or down as needed).

Small WASH programmes

- **WASH Technical Programme Manager (or Technical Programme Lead):** This position is essential to all WASH projects. S/he leads and oversees all WASH programme design, implementation, monitoring and evaluation, partnership development, local resource acquisition and reporting.
- **WASH Hardware Specialist:** This position is essential to all WASH projects and is at the national or zonal level. S/he leads the hardware team that is responsible for coordinating all water development related issues: geophysics, drilling, pumping tests and water quality analysis. The person in this position will ensure collection and interpretation of technical information for efficient decision-making at all stages of water development processes.
- **WASH Software Specialist:** The person in this essential position facilitates WASH behaviour change programming, community engagement (entry, mobilisation, organisation, participation, empowerment and advocacy), capacity building, and training of volunteers and WASH Committees for effective management of WASH facilities. This specialist also needs to be 'faith literate' to successfully navigate the faith/spiritual landscape of their communities for effective community engagement and needs to have an understanding of social barriers and approaches to MHM. This position is at the national or zonal level.
- **WASH Development Facilitators:** These essential staff (both male and female) are the interface between World Vision and the communities served. Under the supervision of the AP/Zonal Manager, they are located in the field at the district level. They are in regular contact with communities, schools and HCFs, at district and at local levels, conducting behaviour change activities, mobilisation, education, sensitisation, trainings and follow-up. WASH development facilitators ensure that planned field activities, especially behaviour change and community participation, as well as the training of community members in the management of WASH services, are effectively implemented at district and local levels.

Large WASH programmes

In *addition* to the positions cited for small WASH programmes, large projects covering several districts or regions may need additional positions.

- **WASH Director/Associate Director (optional):** S/he is responsible for the overall leadership and representation of a large WASH National Office (NO) portfolio. This individual leads, directs and facilitates the planning, networking, communication, resource acquisition and use, monitoring, evaluation and reporting of the WASH programme. This person is the key focal point of the project for partners and stakeholders. S/he has the organisational skills, experience and capacity to implement the project – including facilitating relationship building and contributing to partner networking with community, government, inter-government agencies, NGOs, WASH partners, businesses and donors. This person also coordinates need assessments and baseline studies for the project. Additional responsibilities include: developing, planning and overseeing water supply, hygiene and sanitation activities; acquisition and

monitoring of funds; leading data collection, assessment and research on quantitative and qualitative water issues; assessing alternative water supply and sanitation technologies; and overseeing environmental issues. This person also oversees management of human resources for the project (staff recruitment, orientation, development, training, performance evaluations), as well as management of financial and material resources.

- **WASH Special Projects/Chief of Party (COP)/Consortium Technical Advisor (optional):** Project-specific roles may be attached to this COP. The COP has overall responsibility for coordination of all WASH grant activities and staff for a WASH grant project. S/he should have strong leadership qualities and a sufficient depth and breadth of technical and management expertise. The COP is responsible for technical leadership and administrative oversight of the project and serves as the principle institutional liaison to the donor and to local government entities S/he manages a team of senior staff, oversees engagement with stakeholders, and ensures quality, timeliness and efficiency of all products and activities generated under the WASH grant. S/he also provides strategic leadership and supervision of sub-grantees and sub-contractors, while ensuring the security, feasibility and sustainability of the project and its contribution to child-well-being outcomes. The COP will also communicate clearly and frequently with the donor on project progress.
- **Regional/Zonal WASH Coordinator:** S/he provides technical support to the project manager in overseeing the field operations, monitoring progress, mobilising partners, monitoring and evaluating project planning, and reporting on project achievements and issues encountered related to field operations. In the absence of the WASH technical programme manager, this person also ensures the ongoing management and representation of the project.
- **Water Quality Specialist:** This person leads the initiation, design and establishment of water quality assurance/improvement activities in the project area. S/he manages, in partnership with available labs, capacity building of water-project technical staff on water quality monitoring and management at the field and laboratory levels. S/he builds the capacity of water-project technical staff in the construction, installation and maintenance of point-of-use water treatment technologies for both local and imported systems; builds the capacity of WV field teams on household water treatment technologies; and analyses drinking water quality and safety for the project and communities. This individual conducts performance assessment of community-based water treatment technologies for scale-up. S/he also serves as the focal person for assuring quality and standards are adhered to in the procurement of water supply equipment.
- **WASH Monitoring, Evaluation and Knowledge Manager:** This person ensures that a WASH monitoring and evaluation plan is well executed and that indicators on progress, performance, impact and risks are monitored, lessons learned, and experiences widely shared and acted upon. S/he works collaboratively with the NO DME team, government technical services, partners and stakeholders to design assessments, surveys, monitoring and evaluation tools, interview guides and focus group protocols – using specific data collection instruments for project assessment, monitoring and evaluation. This person is also responsible for monitoring project impact in partner communities. S/he contributes (along with partners) to the analysis of collected output and outcome data, and dissemination of results in monthly, quarterly, semi-annual and annual reports – for internal use and external distribution among partners (including government, implementing partners and programme participants). S/he is responsible for the management and/or development of a dedicated database management system on WASH data in project operational areas and also maintains a central repository of relevant documentation on WASH in project operational areas.
- **WASH Finance/Grant Accountant:** This position can be held by a dedicated WASH staff or shared within a NO, working with at least 50% of his/her time on the WASH project if shared. This individual ensures the financial management of the WASH project, including material resources and the contributions of NO/APs and other project funding entities as match. S/he oversees regular payments and withdrawals according to established financial procedures, analyses and records expense reports and other financial transactions.
- **WASH Technicians:** These positions are essential for the project while working at AP/cluster/zonal level. They oversee Area Programme (AP) WASH services implementation with communities and partners,

contribute to project design and ensure effective partnerships among project stakeholders. They are responsible for ensuring quality compliance of all technical work in the field, including contractor monitoring, hardware design and construction, geophysical investigations, borehole siting, borehole drilling, borehole mechanisation, water quality, pump installation, civil engineering works and irrigation work (if applicable).

3.2.2 Core Competencies for WV staff and partners

World Vision has developed a set of technical WASH competencies that summarise the skills, knowledge and attitudes people need to have, and the behaviours they will demonstrate, when they are performing their role to the standard expectation.⁴¹ Each WASH staff member is given a competency profile that includes some technical WASH competencies and some general competencies that are not sector specific. Competencies are used to inform and guide staff learning and development, and they are also used in staff recruitment and performance management. The levels are flexible, depending on the size and structure of the WASH programme.

WASH Competencies

Community Facing/AP Level

WSH 001: Facilitate access to sustainable and safe water

WSH 002: Facilitate access to sustainable sanitation and hygiene services

WSH 003: Facilitate WASH behaviour change practices and principles in WASH programmes

WSH 004: Facilitate GESI transformative WASH programmes

MHH 001: Facilitate MHH programmes at field level

Zonal/Cluster Level

WSH 101: Support and build capacity for implementation of sustainable and safe water access

WSH 102: Support and build capacity for implementation of sustainable sanitation and hygiene access

WSH 103: Support and build capacity for the inclusion of behaviour change practices and principles into WASH programmes

WSH 104: Support and build capacity for implementation of GESI transformative WASH programmes

MHH 101: Support and build capacity for implementation of MHH programming

National Office Level

WSH 201: Provide strategic and technical leadership for WASH programme

WSH 202: Provide technical leadership in equitable and inclusive WASH (GESI, MHH)

3.3. Budget

3.3.1 PM implementation costs and resource requirements

These costs may be used as references for planning WASH interventions in communities (including households), schools and healthcare facilities (HCFs). They also include the costs for WASH Committee capacity building, private sector engagement, CVA activities and faith leader engagement in WASH. Costs are also defined for emerging approaches like watershed management and urban WASH programmes.

The budget for each category in the table below may include the following line items whenever necessary and applicable in alignment with payrolls, services and materials costs:

- Capital equipment, such as equipment acquisition and maintenance costs for drill rigs, service vehicles and other technical equipment
- Supplies and materials needed for water supply construction, latrine construction, handwashing facilities provision, hygiene kits, etc.
- Training, including local travel, accommodation, food and venue, trainer and facilitator costs
- The cost of contractors if WV is not implementing the category
- Promotion of behaviour change, including design, planning and implementation

⁴¹ The detailed WASH technical competencies will be completed in FY22.

- Resource production, such as local translation and adaptation of training materials, printing costs
- Monitoring, evaluation and post-implementation monitoring, including transportation, accommodation, materials such as mobile phones, and consultants and enumerators
- Staff salaries and benefits for WASH-specific staff involved (including contractors)
- Meetings, conferences and workshops
- Formative research and documentation involving staff and external partners.

Table 3.1: Estimated costs for WASH interventions

Category	Budget category description	Average cost (US\$ in 2021)	Unit
Community members have access to a <i>basic drinking water source</i>	New Community Hand Pumps: includes the cost of drilling a borehole and equipping it with a hand pump	8,000	Per hand pump
	New Community Water Supply Systems: includes all infrastructure costs associated with a water supply system, including drilling a borehole if the system is a mechanised borehole	3,000	Per tap
	Water Point Repair: includes any costs for repairing/rehabilitating previously constructed water points and taps	1,300	Per rehab
	Household Training on Water Quality: includes training and equipping of community members to keep water clean at POU	10	Per household
	Water Quality Monitoring: includes cost of monitoring and testing water quality (lifecycle)	1,400	Per water point
Education facilities have access to a <i>basic drinking water source</i>	New School Hand Pumps: includes the cost of drilling a borehole and equipping it with a hand pump	13,700	Per hand pump
	New School Water Supply Systems: includes all infrastructure costs associated with a water supply system, including drilling a borehole if the system is a mechanised borehole	12,000	Per tap
	School Water Point Repair: includes any costs for repairing previously constructed water points and taps	2,300	Per rehab
Health facilities have access to a <i>basic drinking water source</i>	New Health Facility Hand Pumps: includes the cost of drilling a borehole and equipping it with a hand pump	13,000	Per hand pump
	New Health Facility Water Supply Systems: includes all infrastructure costs associated with a water supply system, including drilling a borehole if the system is a mechanised borehole	2,000	Per tap
	Health Facility Water Point Repair: includes any costs for repairing previously constructed water points and taps	2,300	Per facility
Households have access to basic sanitation facilities	Household Sanitation Infrastructure: includes all costs associated with communities building latrines, including subsidies for building materials	25	Per household
	Household Sanitation Behaviour Change: includes all costs associated with training communities on changing their behaviour to utilise basic latrines	4	Per household
Education facilities have access to <i>basic sanitation facilities</i>	School Sanitation: includes all costs associated with school latrine construction and maintenance	13,000	Per school

Category	Budget category description	Average cost (US\$ in 2021)	Unit
Health facilities have access to <i>basic sanitation facilities</i>	Health Facility Sanitation: includes all costs associated with HCF latrine and bathing shelter construction and maintenance	9,500	Per HCF
Households have access to <i>basic hygiene services</i>	Household handwashing infrastructure and training on household hygienic practices	8	Per HH
Education facilities have access to <i>basic hygiene practices</i>	School handwashing infrastructure costs	580	Per school
Health facilities have access to <i>basic hygiene practices</i>	Health Facility Hygiene and Environmental Cleanliness: all costs associated with hygiene infrastructure, including software costs for training of cleaners and posting IEC materials in HCFs	1,600	Per HCF
Functioning WASH Committees	WASH Committee creation and maintenance costs	500	Per committee
Private sector support for WASH improvements	All costs related to training artisans and local businesses, setting up sanitation marketing groups, training and supporting WASH business centres, etc.	200	Per business
CVA groups focused on WASH	Advocacy costs for holding governments accountable for WASH services, including CVA costs for WASH	90	Per CVA Group
Faith leaders focused on WASH	All costs related to training faith leaders to support WASH initiatives	600	Per training
WASH school programmes	All costs related to WASH school clubs or training of school administration and/or parent-teacher groups on budgeting and maintenance	11,300	Per school
Communities with Universal Coverage plan	All costs related to working with governments and creating Universal Coverage plans	11,000	Per district
Watershed management	All costs related to watershed management	2,600	Per watershed
Water access in municipal and urban settings	Municipal/Urban Water Supply: includes all costs associated with water supply provision in municipal/urban settings	15	Per programme participant
Sanitation access in municipal and urban settings	Municipal/Urban Sanitation and Hygiene: includes all costs associated with provision of sanitation and/or hygiene in municipal/urban settings (cost per person served with latrines and handwashing kits)	42	Per programme participant

Project management costs, including staff salaries and benefits, costs for planning processes and costs associated with logistics and supports (from national, regional and international levels), monitoring and evaluation are usually incorporated in the cost categories listed above (Table 3.1). In case the above costs are not factored in, some percentages of the total budget can be allocated to these cost items as indicated in Table 3.2. However, in specific countries and landscape conditions, some of these costs can be re-evaluated with +/- 10% margin.

Table 3.2: Project management costs (if not incorporated in other cost categories)

Project management type	% of Total Budget
Staff	10%
Logistics, planning and support	6%
Monitoring & evaluation	2%

The cost effectiveness of WASH programmes is measured based on the cost per programme participant or cost per institution when schools or HCFs are targeted. Table 3.3 includes costs for WASH implementation in communities, schools, HCFs and municipal interventions.

Table 3.3: Estimated cost per person or facility served with WASH (US\$)

Cost per participant or institution	Community participant (per person)	School student participant (per child)	Healthcare facility (per institution)	Municipal (per person)
Water	38	39	15,222	20
Sanitation	7	32	12,138	32
Hygiene	2	3	2,037	10
Total	47	74	29,397	62

Due to the complexity of WASH in emergencies and disaster risk reduction, the diversity of context and events (acute, post-acute, protracted and chronic crises – including epidemics, natural disasters and conflicts), the cost estimate may not be accurate. Therefore, the PM refers to emergency response cluster guidance for costs and related budget implications in particular contexts.

3.3.2 Economies of scale

WASH programming achieves economies of scale through long-term intervention (reaching up to a five-year period) and by targeting communities in the same geographic area, which helps to lower the cost of instalment. Long-term intervention reduces start-up costs, including staff recruitment and training, and optimises the operation cost over time. The coverage of multiple APs allows for cost-sharing approaches related to displacements, joint training and technical support and implementation at scale. This aspect extends to sharing Area Programme staff (e.g., development facilitators, WASH facilitators) among neighbouring programme areas if the geographical area and work involved permits. Local community health workers (CHWs) and volunteers are engaged to expand WV’s reach through the promotion of water quality practices, good hygiene and sanitation messages.

For supply chain management and procurement issues, WASH considers important economies of scale through bulk purchases, combining Detailed Implementation Plan (DIP) and procurement plans, and incorporating WASH technical members in procurement committees for WASH-related purchases for cost alignment with market realities. Other economy-of-scale approaches used in WASH include the construction of large-scale mechanised water systems that can reach 2,000–100,000 people, as well as innovative cost per person school sanitation facilities used in some countries (e.g., latrine blocks tested in Zambia and Malawi). WASH promotes the involvement of communities, the private sector and WV sponsorship monitors/volunteers in the operation, maintenance and repair of community WASH facilities at the most competitive costs, as per WV’s supply chain policy.

3.4. Partnering

3.4.1 Essential partnerships and key roles

WV WASH recognises the importance of strategic partnerships at global, regional and local levels, across all sectors of society, including public, private and civil society organisations/NGOs, and across entities of all sizes, from local community-based organisations (CBOs) to multi-national corporations. WV WASH’s partnerships are driven by a shared vision, bringing together diverse resources and the contributions of multiple stakeholders

to complement our internal WASH capacity, maximise value and achieve a common goal – most often for the purposes of programme implementation learning and capacity building, or financing. Global partnerships contribute to WASH programmes across multiple regions or countries with a designated region. These include: corporations with shared vision and complementary resources; foundations, private donors and institutional donors; academic and/or research institutions; peer organisations, NGOs, and bilateral and multilateral institutions; and government institutions.

At the community, district and national levels, WV WASH networks with local partners to coordinate trainings, share information, contribute to monitoring and evaluation, contribute to stakeholder meetings related to WASH programming, and engage in local-level advocacy efforts and best practices, while being mindful of our commitment to sustainably improve safe water access, sanitation and hygiene. The implementation of this PM requires technical support, guidance and standards from government services responsible for water, sanitation and hygiene, as well as appropriate integration with other sectors, such as agriculture, health, nutrition and livelihoods, etc.

Engagement and partnership with NGOs (both local and international) are important for cross learning, best practices, knowledge sharing, advocacy and innovative joint programming. Research, learning and evaluation of the PM model often require partnering with local and international research and/or academic institutions. WV WASH should also consider partnerships with local women’s rights and disability rights organisations to better understand the WASH needs of these groups and the barriers they face to equitable access to WASH services.

The success of these partnerships is highly dependent on how they are managed. The structure of WV’s federated partnership does not always lend itself to easy, functional partnerships outside the organisation. External partners may often find aspects of partnering with WV to be complex, if not confusing. WV WASH has learned that these partnerships are most effective when there is a designated partnership manager within WV WASH (whether in the Global Centre, in a Regional or National Office, or in a Support Office) to manage the relationship and facilitate the achievement of common goals. Additionally, many of WV WASH’s partnerships are managed through a Support Office (WVUS). The Support Office (SO) can play an important role in initiating, nurturing and managing these partnerships, but this also requires thoughtful and collaborative engagement (on behalf of the SO) with WV WASH Field Operations for the partnership to be effective.

3.4.2 Key partnership descriptions and evidence

charity: water: Since 2012, World Vision has partnered with charity: water to address water supply, sanitation and hygiene in Malawi, Mali, Mozambique and Niger. From 2016 to 2020, charity: water provided World Vision with \$22.9 million in grants, helping reach nearly 700,000 people with water via 1,311 new water points.⁴²

Conrad N. Hilton Foundation: WV has partnered with the Conrad N. Hilton Foundation since 1990, with a focus on WASH in HCFs, governance and finance in Ethiopia, Ghana, Mali and Niger. In past years, the CNHF Safe Water Strategy focused on three key areas: strengthening water governance; building and disseminating credible evidence; and advancing proven, promising solutions and models. These efforts have led to successfully developing long-term, strategic, district-wide WASH plans for seven districts across four countries. This progress has been achieved through government/community engagement, multi-sector coordination and effective collaboration with stakeholders such as WHO, Centers for Disease Control and Prevention (CDC), International Water and Sanitation Centre (IRC), Millennium Water Alliance and others.⁴³

The Water Institute at the University of North Carolina (UNC): WV completed a six-year partnership in 2020, during which time UNC conducted a 10-country evaluation (2014-2015) followed by a major 14-country WASH evaluation (2016-2020). The findings of this more recent study have served to shape WV WASH programming in multiple areas, including SDG alignment, behaviour change, greater focus and prioritisation, and more

⁴² https://www.wvcentral.org/community/wash/Documents_01/Northwater%20-%20WV_Mali_2May2018_opt.pdf?Web=1

⁴³ https://www.wvcentral.org/community/wash/Documents_01/Mali%20Health%20Care%20Facilities%20project%20summary%20FINAL.pdf

attention to evidenced-based programming.⁴⁴ WV entered into a new partnership agreement for FY21-25, with a focus on collaboration around water quality, WASH in HCFs, and water security and resilience.

Grundfos: Since 2015, this partnership has played a significant role in increasing WV’s capacity to instal solar powered, submersible pumps and to extend piped-water systems farther, bringing water closer to homes than the standard 500 meters (or 1,640 feet). These efforts have provided innovative water solutions across 14 countries in Asia, Latin America, East Africa, Southern Africa and West Africa. More recently, with the support of the Stone Foundation, an additional 60 AQTaps, fully operated by communities, were instaled in remote areas in Kenya.⁴⁵ Partnership with Grundfos will continue into the FY21-25 period upon the renewal of the current partnership agreement, which ended in 2021.

Proctor & Gamble: WV’s partnership with P&G and the Children’s Safe Drinking Water Programme began in 2007. WV continues to provide P&G household-water purification (“Purifier of Water”) packets and filtration materials to ensure families have clean drinking water in humanitarian emergencies and as a bridge solution while communities wait for a permanent source of clean water. From FY16 to FY20, P&G provided water treatment packets along with supplies for water storage and handling, as well as training on safe drinking-water treatment, household hygiene and water safety. Families across five regions learned about the importance of water treatment and used more than 160 million Purifier of Water packets, which provided more than 396,000 million gallons of clean water. This partnership with P&G will continue into the FY21-25 period, further deepening impact and community engagement in Asia, the Middle East, Southern Africa and West Africa.⁴⁶

African Ministers’ Council on Water (AMCOW): In 2016, AMCOW and WV began working on a cooperation framework with the broad goal of accelerating economic and social development in African countries through the implementation of the AMCOW Work Programmes, along with WV’s Strategic Plans, focusing on assuring the provision of universal access to sustainable water and sanitation services. The resulting cooperation agreement will foster joint reporting on the progress of sustainable access to water, as well as policies and guidelines for water quality management (including supply chain guidelines and trace metals mitigation). This partnership will also result in sharing knowledge and results to accelerate sustainable access to adequate sanitation and hygiene in African countries and will support WASH capacity building in Africa through experienced and skilled WV WASH specialists.

World Health Organization (WHO): WV WASH has worked with the WHO WASH Unit on several fronts over past years. More recent efforts have focused on initiatives around water quality and WASH in HCFs. For the period of November 2020 – December 2022, WV WASH entered a cooperation agreement with WHO for a joint initiative to develop an updated and revised “Guidelines for Small Drinking-Water Supplies”, which includes strengthening drinking-water quality policies and standards as well as risk management approaches and surveillance programmes for effective and sustainable drinking-water services. Under the agreement, WHO leverages WV’s global footprint, experience and best practices to influence the new guidance being developed. In 2021-2022, WV WASH has supported WHO’s development of the *Technical Brief on Lead in Drinking-Water*. WHO has also supported a WV WASH in HCFs project in Mali through national policy development and implementation, technical training, inter-sectoral learning and advocacy. WHO also provided technical assistance on technology options, best practices, and infection prevention and control and supported the monitoring and evaluation of WASH services in line with global WASH in HCF indicators (which are aligned with SDG6).

United Nations Children’s Education Fund (UNICEF): As of 2021, WV WASH was engaged with UNICEF in 20+ WASH-related initiatives. Most of these initiatives involve UNICEF funding and are related to WASH in Schools, advocacy and/or WASH in emergencies. These partnerships were initiated and implemented at the National

⁴⁴ https://www.wvcentral.org/community/wash/Documents_01/WV-14%20Final%20Report.pdf

⁴⁵ <https://www.wvi.org/our-partners/grundfos-partnership> , <https://www.wvi.org/stories/clean-water/automated-water-kiosks-make-life-easier-and-safer-women-and-children>

⁴⁶ <https://www.worldvision.org/about-us/media-center/together-procter-gamble-and-world-vision-provide-1-billionth-liter-clean-drinking>

Office level. Ministry Integration-WASH (MI-WASH) and UNICEF HQ are exploring broader collaborative opportunities on the global level (primarily for WASH in Schools and HCFs, community engagement, water safety planning, and WASH in emergencies).

Rotary Foundation/Rotary International: WV and Rotary have a long history of WASH implementation partnership. From 2005 to date, Rotary has provided more than \$2.8M to WASH projects in Haiti, Honduras, Kenya, Uganda, Ethiopia, Nicaragua, Ghana, Sri Lanka and Niger. Rotary leverages WV expertise, financial ability and long-term field presence to achieve its goal of sustainable interventions.^{47,48}

Private Donors and Foundations: Partnership with, and support of, major private donors and foundations has been integral to WV WASH over the past 20 years. These important partnerships have largely been managed by WVUS. Key aspects of the success of these partnerships lies not only with effective management of the partnership but also effective reporting on the delivery of programming commitments, donor compliance, stewardship, and facilitation of engagement between individual donors and WASH field operations.^{49,50,51}

Major Universities: WV WASH has benefited from partnerships with a number of major universities. These partnerships include Drexel University and the Desert Research Institute at the University of Nevada, who provide important capacity-building programmes for WV WASH staff across the world. Stanford University has provided research support to WV WASH's WASH UP! programme in schools.

Local Government Entities: Successful planning, design, implementation and sustainability of all WV WASH services are greatly dependent on effective partnership with local government entities. WV WASH therefore places high priority on these strategic partnerships, which are initiated and maintained at the National Office level and typically involve (but are not limited to) government ministries of water, environment, health, social affairs and education. Collaboration is usually initiated at the central government level and is cascaded to district and/or field levels. Through these partnerships, WV WASH better understands national policies affecting the WASH sector and receives support in technical matters, capacity building, post-implementation monitoring and other forms of support to ensure sustainability of WASH services. The benefits of these partnerships between WV and government entities can be reciprocal, serving also to strengthen government services in the WASH sector.

Local academic, scientific and/or research institutions: Apart from large international academic and/or research institutions, NO WASH programmes have developed many partnerships with national institutions for purposes of engaging in field research/evaluations, training of staff and partner organisations, providing students for graduate and post-graduate internships, capacity building for WASH Business Centres, and conducting scientific conferences. Partner institutions include, but are not limited to, Adama Science and Technology University (Ethiopia), Ethiopian Environmental Health Professionals Association (Ethiopia), Addis Ababa University (Ethiopia), Arba Minch University (Ethiopia), Jimma University (Ethiopia) and Gondar University (Ethiopia), the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana (Ghana), Jomo Kenyatta University (Kenya), Mzuzu University Centre of Excellence in Water and Sanitation (Malawi), Makerere University (Uganda) and University of Zambia (Zambia).

⁴⁷ "Collaborative Global Grant Opportunities: World Vision and Rotary", brochure, 2014.

<https://clubrunner.blob.core.windows.net/00000002530/en-ca/files/homepage/4-about-rotary-and-wv-collaboration/4.-rotary-and-world-vision-collaboration-brochure-27-aug-2014.pdf>

⁴⁸ "Rotary & World Vision: A presentation for Rotary Club of Manhattan Beach, California", 2015.

<https://clubrunner.blob.core.windows.net/00000002530/en-ca/files/homepage/3-niger-wash-project-briefing/3.--1M-Niger-WASH-Project---MB-Rotary---WV---22-pages---July-2015.pdf>

⁴⁹ https://www.wvcentral.org/community/wash/Documents_01/Dornsife%20FY18%20Annual%20Report_Final.pdf?Web=1

⁵⁰ https://www.wvcentral.org/community/wash/Documents_01/Water_Dornsife%20Africa_Report%20FY20%20Annual_wo%20cover%20letter.pdf

⁵¹ Golf Fore Africa. <https://golfforeafrika.org/>

3.5. Adaptation to fragile contexts, emergencies, transitioning economies and urban contexts

3.5.1 WASH in fragile contexts and emergencies

In fragile contexts, children suffer extreme levels of violence, exploitation, abuse and neglect. These places are called fragile contexts because political and social pressure make them vulnerable to conflict and have fractured the institutions that should protect children. Fragility can cover many nations or only a few neighbourhoods and can change rapidly. WASH in Fragile Contexts works in the following three dials, which can overlap at the same time in some instances.

1. **Survive:** programming options that allow a quick and effective response to rapidly deteriorating situations, to ensure the survival of the most affected and most vulnerable children, families and communities.
2. **Adapt:** assistance that helps institutions (municipalities and community) re-establish or rehabilitate essential WASH services, thus “building back better”.
3. **Thrive:** actions that can deal with the root causes of fragility, to mitigate future conflict or disaster. In increasingly stable environments, WV helps people to address their child well-being (CWB) priorities.

The Fragile Context Programme Approach (FCPA) is WV’s approach to adaptive programming in fragile contexts.⁵² It is designed to enable WV to address immediate survival needs while at the same time addressing the root causes of fragility and contributing to recovery and resilience after crises.

Table 3.4 below shows the approaches recommended during each dial and includes hyperlinks to reference materials. For appropriate rehabilitation activities that can be completed in less than 2 months, certain “adapt” activities may be more suitable than “survive” activities.

Table 3.4: Recommended WASH interventions by fragile context “dial”

	Survive	Adapt	Thrive
Timeline ⁵³	0-2 months from an emergency	2-6 months from an emergency	>6 months from an emergency
Water supply systems	Target: 7.5–15 litres/person/day <ul style="list-style-type: none"> • Water trucking • Emergency water treatment units • Point of use water treatment (P&G Purifier of Water, Aquatabs, chlorine) • Water storage (containers, elevated tanks, bladders, tap stand and piping) • Water supply market-based programming 	Target: 15–20 litres/person/day <ul style="list-style-type: none"> • Rehabilitation of existing water systems (boreholes/wells, gravity spring systems, surface water treatment) • Rainwater harvesting • Motorised generator or solar systems • Cash and vouchers 	Target: 20+ litres/person/day <ul style="list-style-type: none"> • Construction and upgrade of water supply infrastructure • Water quality improvement • Integrated water resource management • Water safety plans with municipalities • Multiple use water for livelihoods • Water conservation behaviour change • Enabling of WASH Committees (Citizen Voice and Action) • Cash and vouchers

⁵² World Vision’s Fragile Context Programme Approach Starter Kit (Page 6).
<https://teams.wvcentral.org/sites/FragileContextsExpansion/Documents/FCPA%20Starter%20Kit%202019.pdf>

⁵³ Timelines may vary, especially in contexts where there is significant conflict or instability.

Sanitation and safe excreta management	Target: 1 latrine/bath:50 persons <ul style="list-style-type: none"> • Community trench or communal raised latrines • Chemical portable toilets (urban) • Desludging and safe excreta disposal • Sanitation market-based programming 	Target: 1 latrine/bath:20 persons <ul style="list-style-type: none"> • Communally managed toilets and family toilets • Inclusive sanitation services (schools, health centres) • Sanitation marketing (San Mark) • Sustainable sanitation for emergencies and reconstruction • Go Baby Go (GBG) 	Target: 1 latrine/bath:5 persons <ul style="list-style-type: none"> • Construction of pit latrine, VIP latrine, pour-flush toilet, septic tanks • Wastewater treatment plants in mass displacement settings • Nurturing Care Groups • CLTS (CLTS+, CLTS++) • BabyWASH • Go Baby Go • Cash and vouchers • Enabling of Sanitation Committees (Citizen Voice and Action) • Sanitation marketing (San Mark)
Solid waste management, drainage & vector control	<ul style="list-style-type: none"> • Emergency solid waste management systems • Community bins or disposal pits • Debris management (floods, cyclones, earthquakes) • Indoor residual spraying 	<ul style="list-style-type: none"> • Community clean-up campaigns • Household solid waste bins disaggregation (degradable and non-degradable) • Waste disposal facilities 	<ul style="list-style-type: none"> • Solid waste recycling • Establish and train community groups (youth, persons with disabilities, etc.) for income generation • Citizen Voice and Action • USAID Clean Clinic Approach
Hygiene promotion and management	Target: 1 hygiene promoter per 500 people <ul style="list-style-type: none"> • Mobile handwashing, bathing areas and drainage • Rapid awareness campaigns (IEC) • Distribution of hygiene, cleaning and baby kits • MHM (supplies, disposal and education) • Behaviour change community education promotion materials • WASH UP! (Sesame Workshop) in child friendly spaces • Healthcare worker training on hygiene in outbreaks 	Target: 1 hygiene promoter per 500 people <ul style="list-style-type: none"> • Semi-permanent handwashing facilities • WASH UP! (Sesame Workshop) in formal schools or child friendly spaces • Cash and vouchers for hygiene kits and/or MHM supplies training • Hygiene market-based programming • Healthcare worker training on hygiene in outbreaks • BabyWASH • Go Baby Go 	Target: 1 hygiene promoter per 1,000 people <ul style="list-style-type: none"> • BabyWASH • Go Baby Go • Hygiene behaviour change training for school associations and healthcare workers • Nurturing Care Groups (NCG) • WASH UP! (Sesame Workshop) in formal schools • Citizen Voice and Action

The Basic Rapid Assessment Tool (BRAT)⁵⁴, Making Sense of Turbulent Contexts (MSTC)⁵⁵, Good Enough for Rapid Response (GECARR)⁵⁶ and Conflict Sensitive Market Assessment Tool (CoSMAT)⁵⁷ are tools that WASH programmes can use to assess the full condition and state of affairs of the affected population, as well as trends (worsening or improving).

⁵⁴ <https://www.wvcentral.org/HEA/HEA%20Test%20Library/BRAT%20HH%20Master.doc?Web=1>

⁵⁵ <https://www.wvi.org/peacebuilding-and-conflict-sensitivity/publication/macro-level-conflict-analysis-addressing-uptake>

⁵⁶ <https://www.wvi.org/peacebuilding-and-conflict-sensitivity/publication/good-enough-context-analysis-rapid-response>

⁵⁷ https://www.wvcentral.org/HEA/HEA%20Test%20Library/CoSMAT%20Final%20Version_Jan%202021.pdf#search=CoSMA

WASH in Emergencies (WASHiE)

The WASH PM has been primarily developed for implementation in rural communities and households in stable contexts or in fragile contexts in the “thrive” dial. This is mainly done through holding the state accountable for provision of quality basic service, rehabilitating government service provisions, or, within insecure environments, helping people to access WASH services.

An emergency is a sudden and usually unforeseen event that calls for immediate measures to minimise its adverse consequences. Emergencies can happen in fragile or in stable contexts and may involve deaths, injuries, displacement of people, disease, disability, food insecurity, damage or loss of infrastructure, weakened or destroyed public administration, and reduced public safety and security. WASHiE refers to a combination of start-up WASH-related interventions that are necessary to save the lives of people affected by disaster, especially children and infants endangered due to waterborne and hygiene-related diseases.

The key components of WASHiE include:

1. Context analysis and rapid WASH assessment;
2. Communication with WASH stakeholders, community mobilisation and participation;
3. Selection and distribution of life-saving kits;
4. Implementation of appropriate WASH responses;
5. Monitoring and evidence gathering.

Refer to the WASH in Emergencies Guidelines for further detail regarding WV emergency WASH “survive” dial programming.⁵⁸

3.5.2 PM adaptation for transitioning economies

A transitioning economy is one that is changing from a centrally planned economy to a market economy. Transitioning economies undergo a set of structural transformations intended to develop market-based institutions. In a transitioning economy, governments often become more decentralised and local authorities have more capacity and ownership of WASH services.

In transitioning economies, WV focuses on supporting government and partners’ capacity in policy implementation and the strengthening of local systems established to maintain WASH services. WV’s role as a service provider for hardware is often reduced, as the government and private business frequently have more capacity to follow through on infrastructure construction and monitoring. Approaches such as Citizen Voice and Action (CVA) and faith-leader engagement can play an important role in transitioning economies, mobilising citizens to advocate with their government for proper service delivery.⁵⁹

WV can also play an important role in supporting the private sector to be responsive and creative in fulfilling the role of service provider – through the facilitation of linkages with communities and intervention groups (youth groups, income generation groups, etc.) – and connecting them with various microfinance systems, including Savings for Transformation (S4T).⁶⁰

The adoption of market-based WASH programming (multi-purpose cash assistance and vouchers) can be effective in transitioning economies, especially in situations of extreme poverty; market-based approaches can help affected people pay for sanitation facility construction, handwashing facilities, soap and water treatment products.

3.5.3 PM adaptation for urban contexts

WV WASH focuses on WASH programming in rural and peri-urban settings, with only a few NOs implementing WASH activities in urban contexts.

⁵⁸ WV WASH in Emergencies Guidelines, forthcoming in FY22.

⁵⁹ <https://www.wvi.org/local-advocacy/publication/citizen-voice-and-action-field-guide>

⁶⁰ <https://www.wvcentral.org/community/RL/Resources/S4T%20Field%20Guide-First%20Edition.pdf#search=S4T>

The Urban Ministry Model is WV’s evidenced-based approach to generate sustainable impact in cities, focusing on inclusion of the most vulnerable children.⁶¹ This model includes four ‘strategic pillars’ that when integrated in urban programmes are proven to address the distinctive issues faced in urban environments. In addition, the four ‘enablers of change’ represent the opportunities that are present in urban settings that can be leveraged and serve as tools for increased scale, impact and sustainability of the programme. These are shown in Figure 3.5.

Figure 3.5: Urban Ministry Model framework



Urban contexts vary greatly in terms of dynamism, diversity and density and thus it is important to understand the uniqueness of each context prior to the design and implementation of WASH programming. Conducting the City Wide Assessment during the strategy cycle and/or developing an urban roadmap enable the identification of pockets of vulnerability across the city (both spaces and people) and the key issues that threaten or constrain child well-being.

Urban WASH programming includes activities such as water distribution network extensions to reach underserved areas, expansion of water distribution points, upgrading water storage capacity, sanitation marketing, linking with the private sector for fulfilment of supply chain demands, supporting the sanitation value chain, public-private partnerships for funding and services for the most vulnerable, WASH behaviour change, and establishing better WASH governance which includes advocacy and policy development. WASH is often of critical importance for vulnerable people living in cities, and as NO interest in urban WASH grows, WV WASH envisions the eventual development of an Urban WASH implementation guide to direct NOs in basic considerations for planning, design, implementation, and monitoring and evaluation of urban WASH programmes.⁶²

3.6. Integration and enabling project models

3.6.1 Effective integration with other project models

Improving child well-being CWB outcomes effectively and sustainably requires a coordinated, multi-sectoral approach and strong community engagement. While this PM can be implemented as a stand-alone approach,

⁶¹ <https://www.wvcentral.org/community/pe/urban/Pages/Urban-Resources.aspx>

⁶² Urban WASH Guidelines, forthcoming in FY23.

its impact is strongest when it is integrated with other approaches and/or project models. Integration of WASH and other project models should not necessarily be a goal in itself, but rather a strategic approach to enable the achievement of CWB outcomes. During the community assessment phase (which should include schools and HCFs), WASH service levels should be assessed to determine needs and prioritisation as part of the WASH PM. However, care should be taken to avoid weakening the fidelity of other PMs while seeking to best address the specific needs of the community. Details on integration with other WV PMs are as follows.

1. Child Protection and Advocacy (CP&A) project model⁶³

The provision of safe, age-appropriate WASH facilities is instrumental in improving children's safety and well-being. Integration of the WASH and CP&A project models is essential to ensure that all children and adolescents have access to appropriate water, sanitation and hygiene services that support their dignity and minimise risks of physical and sexual violence and exploitation. This approach includes:

- ensuring WASH facilities are child-friendly, situated in safe and accessible locations, in easy walking distance and have adequate lighting;
- addressing the menstrual health and hygiene (MHH) needs of girls, including both access to menstrual hygiene management (MHM) facilities and materials, as well as the broader systemic issues related to menstruation;
- working with the child protection initiatives and adolescent programming to identify places where child-focused and adolescent services take place and assuring the provision of sustainable access to safe WASH facilities;
- combining priority WASH messaging (such as handwashing or ending open defecation) and priority child protection messages (such as family unity and prevention of violence);
- minimising the expectation of children being involved in time-consuming and overly laborious water collection and avoiding the use of heavy containers for children;
- working with child protection initiatives and adolescent programming to initiate child-to-child peer training programmes for WASH-related behaviour change, open defecation free discussions and dissemination of safety messages;
- consulting effectively with children and adolescents in planning and design of WASH services.

2. Nurturing Care Group (NCG) project model⁶⁴

NCG is an enabling model that is integrated with other sector models. A Nurturing Care Group is a group of 10 to 15 community-based volunteers working as behaviour change agents who meet every two weeks with staff or government Community Health Workers (CHWs) for training. The volunteers then cascade behaviour change messages and activities to caregiver groups at the neighbourhood level.⁶⁵ Once the training is completed, they help build the capacity of an expanded group of caregivers in essential WASH practices. When integrated with the WASH PM, NCG enhances sustainable behaviour change related to safe water use, water treatment, safe transportation, safe storage, and hygiene and sanitation best practices. It also contributes to community organisation and leadership (including faith leaders) mobilisation for behaviour change action. Regular monitoring through the care groups has shown improvements in WASH knowledge and behaviours.

3. Positive Deviance/Hearth Plus (PDH+) and Community-Based Management of Acute Malnutrition (CMAM) project models^{66,67}

Integrating WASH into nutrition programming can be beneficial for programme participants. In communities where many young children are growing poorly, World Vision uses the Positive Deviance/Hearth (PDH) approach to sustainably rehabilitate underweight children. PDH+ takes PDH

⁶³ <https://www.wvcentral.org/community/ChildProtection/Pages/Child-Protection-and-Advocacy-Project-Model.aspx?projectModel=Child%20Protection%20and%20advocacy>

⁶⁴ <https://www.wvcentral.org/community/health/Pages/Care-Groups-and-Nurturing-Care-Groups.aspx>

⁶⁵ <https://www.wvi.org/health/nurturing-care-groups>

⁶⁶ <https://www.wvi.org/nutrition/project-models/positive-deviancehearth>

⁶⁷ <https://www.wvcentral.org/community/health/Pages/CMAMProjectModel.aspx?projectModel=Community-Based%20Management%20of%20Acute%20Malnutrition>

and strengthens the prevention aspect by integrating prevention interventions, such as growth monitoring and promotion (GMP), infant and young child feeding (IYCF) counselling, and/or other nutrition and food security interventions. The integration of WASH interventions may include cooking demonstrations while modelling WASH practices (e.g., preparing/cooking a dish to learn new recipes for dietary diversity while the facilitator models WASH practices, such as preparing and storing food safely, washing hands before food preparation, and the safe treatment and storage of water).

In areas where acute malnutrition (also known as wasting) is a concern, WV uses the Community-Based Management of Acute Malnutrition (CMAM) approach to rehabilitate malnourished children. Children may be treated at HCFs or at home, depending on the severity of their condition. WASH integration with CMAM may include the rehabilitation (or construction) of WASH infrastructure in HCFs, distribution of hygiene kits, access to household water treatment systems (HWTS), WASH behaviour change activities during screening for acute malnutrition, and CLTS and WASH behaviour change activities at the community level.

4. Community Health Workers (CHW) project models (including the Timed and Targeted Counselling (TTC) service option)⁶⁸

A Community Health Worker is a health worker who performs a set of essential health services, who receives standardised training outside the formal nursing or medical curricula and has a defined role within the community and the larger health system. CHWs can be utilised to promote and demonstrate WASH practices during their interactions with households and communities, especially among women who are pregnant or have young children. Timed and Targeted Counselling is a dialogue-based counselling method that CHWs can use to promote the use of safe water (including adoption of water treatment practices), construction of sanitation facilities and adoption of appropriate hygiene practices (primarily handwashing with soap in households, schools and HCFs).

5. Community Health Committees (COMM) project model⁶⁹

COMM involves capacity building and empowerment of existing community health committees to coordinate activities leading to 1) increased community capacity, 2) improved health policy and service environment, and 3) strengthened CHW programmes. When taken together, these result in strengthened community health systems and positive health outcomes. A community health committee can also support WASH by identifying community WASH challenges and proposing solutions and plans for resolving these. It can also mobilise the community to address WASH issues and keep the community up to date on progress on WASH services.

6. Education project models – Go Baby Go (GBG),⁷⁰ Learning Roots⁷¹ and Unlock Literacy⁷²

WASH supports education by keeping children (especially girls) in school by reducing child labour for fetching water, reducing water-borne disease that can preclude school attendance and facilitating menstrual hygiene management (MHM). Integration with Education PMs can occur at multiple levels and may involve the following:

- The **Go Baby Go (GBG)** project model targets the first 1,000+ days of life and aims to build knowledge, skills and resilience-promoting techniques to improve parenting practices at the household level, with an integrated focus on early childhood development, health and nutrition, and child protection. The inclusion of BabyWASH with GBG is an initiative to improve the integration of water, sanitation and hygiene (WASH) interventions with maternal, newborn and child health (MNCH) and with nutrition and early childhood

⁶⁸ <https://www.wvcentral.org/community/health/Pages/CHWHub.aspx>;

<https://www.wvcentral.org/community/health/Pages/TimedandTargetedCounselling.aspx?projectModel=Timed%20And%20Targeted%20Counselling>

⁶⁹<https://www.wvcentral.org/community/health/Pages/COMM.aspx?projectModel=Community%20health%20Committees>

⁷⁰ <https://www.wvcentral.org/community/edu/Pages/GoBabyGo.aspx>

⁷¹ <https://www.wvcentral.org/community/edu/Pages/LearningRoots.aspx>

⁷² <https://www.wvcentral.org/community/edu/Pages/UnlockLiteracy.aspx>

development (ECD), to enable a more profound impact on child health outcomes in the first 1,000 days of life.⁷³ WASH in HCFs also plays an important role in supporting GBG outcomes.

- **Learning Roots** focuses on the developmental needs of children from age three through six so they can successfully transition to primary school, with an emphasis on supporting early reading and numeracy skills. Integration of WASH with Learning Roots can support the preparation of three- to six-year-olds for the transition to primary school by reinforcing the practice of healthy habits, especially handwashing with soap and good sanitation.
- **Unlock Literacy** aims to ensure children in the early grades of primary school learn to read, so they can become active, fluent readers and learners with lifelong literacy skills. WASH in Schools can support Unlock Literacy by contributing to disease prevention, school attendance and school performance, especially for girls – opening the path for stronger education outcomes, protecting children from injury and violence and providing opportunities to address harmful stigma towards women and people with disabilities (which, in turn, creates opportunities to build more positive social norms).

7. Savings for Transformation (S4T) project model⁷⁴

S4T can assist communities to mobilise funds for community WASH service delivery through:

- using savings groups as entry points to provide information about disease prevention through handwashing and the management of clean drinking water;
- paying for potable water, which can lead to the generation of funds for operation and maintenance of water sources;
- helping households access affordable financing for sanitation-related purchases;
- WASH Committees using village savings and loan associations for sustainable operation and maintenance of their water facility;
- contributing to the maintenance of school latrines and the provision of basic WASH amenities (e.g., handwashing facilities with soap).

8. Building Secure Livelihoods (BSL) project model⁷⁵

The BSL project model aims to build secure and resilient livelihoods through a three- to five-year programme so that parents and caregivers can provide sustainably for their children through enhanced productivity and profitability of sustainable agriculture and the strengthening of rural value chains. WASH can be integrated with BSL to ensure:

- access to basic WASH services as an essential ingredient in economic recovery and sustainable growth;
- provision of water for productive uses (e.g., irrigation and animal watering);
- that households are sensitised regarding management of animal faeces to reduce incidence of diarrhoeal diseases.

9. Empowered World View (EWV) project model⁷⁶

The EWV is a biblically based project model that aims to promote individual empowerment and address dependency mindsets among people living in poverty. It is a behaviour change model that increases the ability of individuals to become agents of change in their own lives, families and community. It has not yet been used to support WASH but has potential to empower and mobilise participants to drive social change related to WASH.

⁷³ https://www.wvcentral.org/community/wash/Documents_01/BabyWASH%20Toolkit%20Version%201.2.pdf

⁷⁴ <https://www.wvcentral.org/community/RL/Pages/SavingsGroups.aspx>

⁷⁵ <https://www.wvcentral.org/community/RL/Pages/SecureLivelihoodsPM.aspx>

⁷⁶ <https://www.wvcentral.org/community/RL/Pages/SecureLivelihoodsPM.aspx>

3.6.2 Integration with Citizen Voice and Action (CVA), Celebrating Families (CF) and Channels of Hope (CoH)

1. Citizen Voice and Action (CVA)⁷⁷

Citizen Voice and Action is a proven social accountability approach that organises and equips citizens to monitor government services and facilitates an advocacy methodology that results in the improvement of inadequate government-provided services. CVA inclusion in the WASH PM ensures that communities advocate for better access, good governance, accountability and management of WASH services that are aligned with WASH standards. CVA strengthens systems and transforms relationships for sustained outcomes. The implementation of CVA in the WASH PM consists of:

- organising communities for action, raising their awareness and understanding of the rights and entitlements of citizens and governance issues around access to WASH facilities and services;
- building communities' capacity to monitor (using scorecards or mini audits) WASH services, provide feedback to duty bearers and influence government plans and budgeting processes around WASH policies (including GESI aspects), regulations and the quality of WASH services;
- creating an action plan for change, in which communities advocate with governments for improved WASH governance and service delivery at all levels and monitor progress over time with increased engagement of partners and stakeholders;
- advocating for access to water points and the provision of assured water quality, sanitation coverage, spare parts, access to hygiene services in institutions (schools and HCFs), and the diversification and best management of water sources through Integrated Water Resources Management (IWRM), especially around issues of climate change.

2. Celebrating Families (CF)⁷⁸ project model

The Celebrating Families PM seeks to provide knowledge and skills to families and faith leaders so that they understand the importance of having a safe environment where children are loved and cared for. Communities organise themselves in groups or clusters to identify priority development issues and look for available capacities and resources from within the community and beyond to improve conditions. CF also reinforces positive social norms and values for parents and caregivers to enable their children to thrive physically, socio-emotionally and spiritually. The model enables community mobilisation, engagement and accountability using participatory principles. It provides knowledge and builds the skills of children, their parents and caregivers to address the underlying causes of poverty and deprivation. This includes poor WASH services, children's and girls' exposure to WASH-related violence and abuse (sexual violence, child labour), and poor sanitation and hygiene practices (such as open defecation and poor handwashing). This model engages leaders, parents and the community around their responsibility for children's education on WASH best practices at home and in communities. This includes water quality and safety, ending open defecation, handwashing with soap at critical times, water resources management, and facilities operation and maintenance for sustainability.

3. Channels of Hope (CoH)⁷⁹

As a Christian, faith-based organisation, WV is uniquely positioned to engage effectively with the heart and spirituality of the communities it serves. Local faith leaders are often the gatekeepers in their communities, and engaging them as advocates for WASH can serve to facilitate needed WASH-related behaviour change in significant ways. WASH, through integration with CoH, enables implementers to engage in multi-faith environments and serves to enhance its efforts in achieving long-lasting, positive changes in attitudes and behaviour relative to WASH practice.

Even though there is not yet a curriculum adapting CoH to WASH, this model is used in pandemic and disease-outbreak contexts to motivate and build the skills and capacity of faith leaders to become powerful messengers and agents of change by promoting accurate and responsible messages about

⁷⁷ <https://www.wvcentral.org/community/pe/Pages/CVA.aspx>

⁷⁸ <https://www.wvcentral.org/cc/Pages/celebrating-families.aspx?projectModel=Celebrating%20Families>

⁷⁹ <https://www.wvcentral.org/cc/Pages/channels-of-hope.aspx?projectModel=Channels%20of%20hope>

WASH-related issues affecting child well-being (CWB). This model also prepares them to effectively deconstruct barriers to good WASH services and practices in their communities.

The CoH model has been used successfully in the Ebola outbreak in Sierra Leone, leading to improved handwashing as well as improved access and use of sanitation and water facilities in communities, schools and HCFs. The model was also impactful in the acceptance and establishment of dignified and safe burial methods in communities of Sierra Leone which included important WASH components (disinfection, environment sanitising, hand hygiene, water and detergent cleaning).

3.7. Design and Implementation Quality Assurance (DIQA) tool

3.7.1 WASH project model DQA and IQA tool

The Design Quality Assurance (DQA) tool lists the essential elements of the WASH PM and can be used to assess whether a technical programme or project design meets the quality assurance minimum requirement. The Implementation Quality Assurance (IQA) tool measures whether the interventions were delivered according to minimum quality standards. The WASH project model DQA and IQA tool is available [here](#).⁸⁰ Download the DIQA Guide [here](#).⁸¹

4. Linkages and integration

4.1. Child focus

4.1.1 Child participation (design, implementation, monitoring and evaluation)

Children and adolescents are future leaders in communities and society at large. They can also be positive and effective agents of change for their peers and community. Even though they are often the most receptive and adherent to behaviour change messaging, they are also often forgotten during WASH behaviour change initiatives in the community.

Adolescents and children (including sponsored children) are involved in WASH programme development, implementation, monitoring and evaluation, research and learning. Their needs are taken into account during planning phases, especially the needs of the most vulnerable. In communities, schools and HCFs, WASH services are designed to standard specifications for disability access and are gender responsive. In fragile and emergency contexts, their needs are assessed and incorporated into programme design. Children and adolescents, including those with disabilities should be included in the consultation process with communities to assess WASH needs and plan for child-friendly solutions. Consultations should be disaggregated by sex to learn about the specific WASH needs of girls and boys. Through adolescent and child programming, WV meets the commitment to donors and sponsors to ensure the well-being of all children in the APs. Adolescents are also involved in advocacy and evidence sharing for WASH services and coverage. Their voices can be impactful in advocacy for improved services and addressing policy issues. All WASH programmes should explore culturally appropriate ways to include youth in WASH Committees and as WASH ambassadors, as well as to ensure youth actively contribute towards decision-making.

Child participation takes place most effectively in WASH in Schools initiatives. Children actively participate in formal and non-formal school WASH clubs and influence their peers and family members to practice good WASH behaviours. School WASH clubs play key roles in peer education and sensitisation, advocacy for better WASH services in schools, and in broader community learning and behaviour change. Through partnership with Sesame Workshop, WV WASH employs the “WASH UP!” and Girl Talk approaches, which engage children in WASH-related and menstrual hygiene behaviour change, respectively. Menstrual hygiene is a critical topic for adolescents in households and schools, and it is an important component of WV WASH programmes.

⁸⁰ <https://www.wvcentral.org/EandL/Documents/INTEGRATED%20WASH%20DIQA.xlsx?Web=1>

⁸¹ https://www.wvcentral.org/EandL/_layouts/15/WopiFrame.aspx?sourcedoc=/EandL/Documents/Design%20and%20Implementation%20Quality%20Assurance%20for%20CPMs_v2.docx&action=default

4.1.2 Child and adult safeguarding standards

When children (especially girls), women and men must travel long distances to fetch water, they are at greater risk of injury and abuse. Similar challenges occur with sanitation, when children and women have a safe, private toilet close to the home, they are better protected from potential abuse. WV WASH focuses on reducing risk by bringing water sources closer to homes and promoting the use of private toilets near the household. In development contexts in communities where WV has a long-term presence, WV WASH typically provides access to water in communities, schools, HCFs and at points near households. WV WASH's five-year business plan (2021-2025) articulates a commitment to increasingly bring water closer to households (and directly to homes, where possible), to ensure safe access and improve water quality by reducing the need for transport and storage of water before use. In emergency responses, water at close range within settlements should be ensured as much as possible and in line with humanitarian standards.

Additional interventions and technologies that support safeguarding include the promotion of electronic, cashless water systems, where users (especially women and children) can utilise credit on an electronic device which allows them to collect water at any time in a central location in their community, removing the reliance on water point attendants and thereby reducing the potential for extortion and/or abuse.

Water insurance programmes ensure that rural communities are not put at risk when a mechanised water system breaks down. If a component of a borehole pump or generator stops working, the insurer quickly finances timely repairs, thus reducing potentially high-risk alternatives for users in need of water (especially women and children). Such insurance programmes can ensure that clean water remains within safe reach to users without long periods of interruption.

All WV staff, community members and partners directly involved in WASH programming must be subject to ongoing training and refresher sessions on WV safeguarding policy, to raise awareness of safeguarding issues and reinforce WV's zero-tolerance of sexual exploitation and abuse of any kind. Reporting mechanisms for abuse must also be clearly established and made known to all WV WASH staff, partners and WASH service users in the community. These should be included in all phases of training, orientation and community engagement, as well as through local radio and at general assembly meetings to ensure that reporting mechanisms are understood by all during programme implementation and post-implementation periods.

4.1.3 Child sponsorship key activities

WASH programmes give priority focus on the most vulnerable children, including sponsored children, children with disabilities, female children or children from other marginalised groups. WASH programmes funded or co-funded by sponsorship funds benefit the entire community, including sponsored children. WV WASH programmes in sponsorship areas provide basic WASH services to the entire community, which is foundational to ensure child well-being (CWB) outcomes. WASH implementers are expected to encourage involvement of children in WASH advocacy activities and promote the participation of sponsored children in WASH programming at all levels, including project design and implementation. Implementers are also expected to support youth to take on leadership roles in the management of WASH facilities in communities and schools and promote inclusive WASH that addresses the needs of vulnerable children.

As a child focused organisation, WV honours the commitment to improve the life of sponsored children by prioritising their communities, households, schools and HCFs with WASH interventions. Sponsored children location mapping and crossing those data with the ones of WASH services help to target underserved sponsored children and prioritise them in the next interventions.

4.2. Development programme approach

4.2.1 Community exploration and issue identification

The development programme approach begins with a request from the community or from the local government, followed by an assessment to understand the needs and priorities of a community. Once the need is clear and is considered a priority to the community, Area Programme staff, together with the community, then follow the steps of the 'critical path'. These steps are aligned to the three phases of WV's approach to community engagement for sustainable WASH projects, detailed in Table 4.1.

Table 4.1: World Vision’s approach to community engagement for sustainable WASH

Phases	Objectives	Critical path steps
Phase 1: Listening, learning, & knowledge transfer (6-12 months of community engagement to accomplish Phase 1)	<ol style="list-style-type: none"> 1. Build trust and mutual understanding 2. Build foundation for co-creation process 3. Determine initial structure and plan for WASH Committee 4. Conduct formative research (e.g., DBC, barrier analysis) to identify determinants of behaviour 	Steps 1-4
Phase 2: Implementing & coaching (1-5 years of community engagement to accomplish Phase 1 and 2)	<ol style="list-style-type: none"> 5. Implement WASH activities: water, sanitation and hygiene access; WASH behaviour change; capacity building 6. Establish and train WASH Committee in operation & maintenance of WASH systems 7. Improve Community (with WV support) skills in debating, arguing, deciding, group formation, team building, implementing, monitoring and reporting 	Steps 5-7
Phase 3: Collaboration & leveraging (5-10 years of community engagement to accomplish Phases 1 through 3)	<ol style="list-style-type: none"> 8. Facilitate community inter- and intra-resource sharing, skill sharing, challenging, learning, reflecting, conflict resolution 9. Empower and enable community to manage WASH infrastructure and activities, engage with partners, advocate for WASH issues 	Step 8-9

Before and during the development programme approach, it is essential to develop research and assessment tools and adapt them to the local National Office context. Key questions and WASH themes to address during community engagement for WASH include:

- measuring the incidence of diarrhoea and waterborne diseases;
- exploring the different uses of water;
- assessing healthy sanitation practices (ending open defecation) and hygiene practices (handwashing with soap);
- encouraging multipurpose use of water, WASH for production (livelihoods);
- increasing access to sanitation/MHM and handwashing facilities in schools and HCFs;
- addressing what issues justify using BabyWASH in programming.

4.2.2 Strengthening local ownership and building community capacity

For a sustainable development approach, it is necessary that the community take ownership of the development process and understand the collective benefit of doing so. A sustainable WASH approach requires the community to plan, implement and own WASH facilities and services, in coordination with district level government authorities. WASH Committees (or WASH management committees) are often the pillar of WASH governance and ownership at the community level and are an essential component of community water system sustainability. Districts ensure government policies, strategies and implementation plans are cascaded to the community level through local WASH Committees.

The main functions of a WASH Committee are to manage the community water system by overseeing day-to-day operations, to set policies for fee collection to cover future operations and maintenance costs, and to organise the WASH programme according to a plan they develop and lead. WASH Committees work with districts to find service providers/contractors for water system maintenance and repair. In schools and HCFs, WASH Committees are respectively replaced by a School Management Committee and an HCF Management Committee – sometimes with the inclusion of regular WASH Committee members if the facility is multiple-use or shared. WASH Committees serve to elevate the position of women within the community through their election to key positions and responsibilities. Establishing leadership roles for women within the project helps to facilitate a shift in attitudes on gender and traditional roles. In addition, WV’s approach to gender and

socially inclusive WASH is through social models (such as the GESI framework) that address physical, attitudinal and institutional barriers impacting women and people living with disabilities.

WV WASH (along with partners, including national and local governments), requires that the establishment and training of WASH Committees be an integral part of the WASH project. Youth and women's groups, faith leaders, clubs for school children and local authorities are involved from the earliest stages of the project. Together these partners engage in capacity building to define their leadership roles and outline joint responsibilities for sustainable WASH services, particularly as the community and districts aim to reach Universal Coverage. In turn, WASH Committees engage trained artisans and private-sector service providers to undertake water, sanitation and hygiene services, including facilities development, operation and maintenance, and repair.

WASH Committees also mobilise communities by promoting health and sanitation education in the community with additional capacity building and educational tools. WASH Committees can also support behaviour change through approaches like 'saving for development' groups and school WASH clubs. As communities progress in their improved WASH behaviours, these committees can also focus on addressing water quality issues and assuring environmental cleanliness.

4.2.3 LEAP programme assessment and root cause analysis

The WASH PM recommends that a root cause analysis is conducted and a development approach is created to address the issues raised in the root cause analysis. Note that each development approach should be adapted based on the context and root causes. The root cause analysis should assess a wide range of WASH issues such as climate change, water resources depletion, water quality, prevalence of diseases, and solid and liquid waste management.

The following key actions should also be prioritised.

- Conduct an assessment of per cent coverage (in water, sanitation and hygiene services) in targeted communities, schools and HCFs.
- Define how stakeholders play a key role in the project implementation.
- Define what can be done with/through communities and partners.
- Design an inclusive WASH programme that identifies contributors, both financial and service delivery.
- Outline aspects of management (roles and responsibilities).
- Establish plans for project monitoring, evaluation and post implementation monitoring.
- Plan transition phase at the project inception.

Data collected should be shared internally at local and regional levels to identify possible root causes for outcomes and to identify priority areas for improvement. Furthermore, data should be shared regularly with local partners and government stakeholders to facilitate broader sector learning and improvement and policy changes. At a regional level, WASH advisors should be positioned to ensure that lessons learned influence best practices across countries.

Data and recommendations from WASH project monitoring and evaluation reports are used to strengthen current and future programmes. WASH innovations, promising practices and lessons learned are shared locally with the Partnership through WASH reporting, WV WASH Community of Practice events and platforms, and external WASH sector events. These include, among others, SIWI's World Water Week, the UNC Water & Health Conference, and events hosted by the African Ministers' Council on Water (AMCOW).

4.3. Faith

4.3.1 Faith integration in WASH

As an organisation, WV is committed to integrating its Christian values in its approaches to relief, development and advocacy work. As a principal WV sector, WASH shares this commitment for a number of compelling reasons. The foremost among them are indicated below.

1. Most of the communities where WV works are religious, with a majority of people being adherents to and/or practitioners of a religious faith. Faith-based organisations (FBOs) such as WV are therefore

uniquely positioned to engage effectively with the heart and spirituality of these communities. Moreover, most religious faiths, along with their sacred scriptures, support best practices of hygiene and sanitation and discourage unsafe ones. Consequently, WV WASH and local faith actors, working together, have a critical role to play in the promotion of sanitation and hygiene-behaviour change and in assuring the sustained benefits of WASH interventions.

2. Local religious leaders are often the most trusted members of the community. Effective engagement, training and mobilisation of faith leaders as advocates for WASH is therefore essential during programme implementation in order to achieve long-lasting, positive changes in attitudes and behaviour relative to WASH practice.
3. When WV begins work in new communities, WASH is often the first entry point. It is during these periods of initial entry that curiosity (and expectations) are the highest – curiosity about WV and why it wants to help. This context presents unique opportunities, not only for trust-building, but also to demonstrate and articulate WV's values and serve as a platform for Christian witness. The way Christian faith is represented through WV WASH programming is therefore critical, as it sets the stage for effective, ongoing community engagement as WV moves on to other community development initiatives.
4. Many of the communities where WV WASH programmes are implemented are in mixed-faith or other-faith majority contexts. In these contexts, it is imperative that WV WASH demonstrates and articulates its values and leverages its Christian faith identity in sensitive and appropriate ways, so as to gain community trust and engagement in order to achieve WASH objectives.

In every community where WV WASH works, it upholds a commitment to express God's unconditional love in its work, pursue justice for all people, work without discrimination with all people regardless of their faith, and hope that people served through its work will live as followers of Jesus Christ. In WV's current global strategy ("Our Promise"), strategic imperative number five calls for the organisation to "live out its Christian faith and calling with boldness and humility".⁸² To fulfil this imperative and support the practical outworking of Christian faith integration and Christian witness, WV WASH seeks to ensure that its programmes:

- communicate its Christian identity and mission consistently and clearly, with messaging adapted for WASH's different audiences;
- equip staff to live out their faith and engage in Christian witness as appropriate in their context through training, mentoring and guidance;
- employ evidence-based models and develop guidance for integrating faith in ministry practice, and develop and employ biblically based resources to promote good hygiene in communities where it is appropriate to do so;
- develop partnerships with churches and faith leaders, train and mobilise them as community advocates for WASH, and work with them to develop appropriate means and approaches for WASH behaviour change.

4.3.2 Church and faith leader partnerships

Across its global programmes, WV WASH engages faith actors and/or leaders as WASH advocates.⁸³ This engagement takes place both at the national and local/district levels, beginning at the outset of WASH implementation and continuing until WASH implementation is complete. While WV WASH works with community level faith leaders, engagement of faith leaders at the national level is especially strategic due to their influence on political leaders, high-level government officials, industrialists, celebrities, international organisations, NGOs and community-based organisations (CBOs). Engagement at this level is also strategic for gaining trust and support from local-level faith leaders, especially when working in other-faith contexts. WV WASH also works with regional and national WV Faith and Development staff to develop tools and guidance to equip and facilitate faith leaders in their community engagement for WASH (which can be used in sermons, community meetings, school engagements and any other forum where faith leaders engage the community).

⁸² <https://www.wvcentral.org/ourpromise/Pages/Strategic-Imperatives.aspx>

⁸³ https://www.wvcentral.org/community/wash/Documents_01/Faith%20Leader%20Engagement_FINAL.pdf

Often these materials utilise sacred scriptures for messaging and raising awareness around hygiene promotion.⁸⁴ Examples of these partnerships and engagements are shown below by region.

West Africa Region

- WV WASH and Faith and Development convened a meeting of senior Christian and Muslim leaders from across West Africa to develop WASH guidance to assist both Christian and Muslim leaders in WASH promotion. These guidance documents (one for Christian leaders and one for Muslim leaders) utilise passages from the Bible and the Quran to support hygiene promotion.
- In Ghana, WV WASH developed a comprehensive Sermon Guide on WASH to provide the platform for hygiene promotion.⁸⁵ With the implementation of the Nurturing Care Group (NCG) approach in Ghana, faith leaders have been utilised for support, which helps community hygiene promoters' efforts to create awareness at the community level.
- In Niger, WASH programming at all levels (development and emergency programmes) ensures that key faith partners and FBOs are identified, mobilised and organised for effective intervention.
- In Senegal, imams have supported sanitation marketing initiatives by mobilising community members to take action in the uptake of sanitation services.
- Open defecation free (ODF) campaigns have been led in coordination with faith leaders in Ghana, Niger, Mali, Chad, Sierra Leone and Mauritania.

East Africa Region

- Faith has been integrated in behaviour-change communication, primarily in Tanzania and Rwanda, through channelling WASH messages in church-related platforms.
- National Offices (NOs) in EAR have partnered with churches to identify challenges and barriers to improved sanitation and hygiene within communities. In Tanzania, for example, this collaboration resulted in community mobilisation for the construction of household latrines and improved hygiene practices.
- In Rwanda during the COVID-19 response, collaboration with churches resulted in the construction of model handwashing facilities in many places of worship. The intervention contributed to hygiene outcomes through the promotion of safe handwashing practices among 263,000+ church members (adults and children).

Southern Africa Region

- SAR NOs developed and translated the Jesus: Source of Living Water (JSLW)⁸⁶ booklet into local languages in Zambia (Chichewa, Tonga, etc.), Democratic Republic of the Congo (French) and Mozambique (Portuguese). This resource is used to train Christian faith leaders, schoolteachers and children to help them integrate Christian faith messages into their WASH programmes in churches, communities and schools. Faith leaders across Zambia today mobilise and lead hygiene promotion and behaviour change activities in their churches using the JSLW resource.
- SAR NOs have also worked closely with WV Faith and Development teams to incorporate JSLW into children's clubs and Celebrating Families (CF) activities in APs.⁸⁷

Latin America Region

- The WV Honduras WASH programme provides training for faith leaders to assist them with WASH messaging to their congregations. The training also encourages faith leaders to play a role in supporting the processes of obtaining easement or right-of-way permits and to encourage and monitor good practices on safe water management, sanitation and hygiene of families. The WASH programme also organises Community Devotional Committees, made up of faith leaders, to

⁸⁴ An example is the lesson guide "Jesus Source of Living Water". [https://www.wvcentral.org/community/wash/Documents_01/Jesus Source of Living Water Training Curriculum_FINAL.zip](https://www.wvcentral.org/community/wash/Documents_01/Jesus%20Source%20of%20Living%20Water%20Training%20Curriculum_FINAL.zip)

⁸⁵ https://www.wvcentral.org/community/wash/Documents_01/WV%20Ghana%20WASH%20Sermon%20Guide.pdf

⁸⁶ [https://www.wvcentral.org/community/wash/Documents_01/Jesus Source of Living Water Training Curriculum_FINAL.zip](https://www.wvcentral.org/community/wash/Documents_01/Jesus%20Source%20of%20Living%20Water%20Training%20Curriculum_FINAL.zip)

⁸⁷ <https://www.wvcentral.org/cc/Pages/celebrating-families.aspx?projectModel=Celebrating%20Families>

strengthen community faith and promote the integration of families in the implementation of WASH projects. The programme has also coordinated with the Catholic Church (the Franciscan Sisters) and the Evangelical Church for implementation of WASH projects, conflict resolution and the leveraging of funds for purchasing construction materials.

Middle East and Eastern Europe Region

- The WV Afghanistan WASH programme has organised and mobilised faith leaders to develop a WASH in Islam curriculum that was endorsed by the Department of Religious Affairs. Faith leaders are trained as key community players to teach safe sanitation and hygiene practices during Friday prayers. All WASH projects have activities involving faith leaders in promoting good WASH practices and behaviour change. The number of faith leaders trained in WASH is also tracked in their Indicator Tracking Table (ITT) as a key indicator. From the onset of the COVID-19 pandemic, faith leaders have been key stakeholders, especially with the Risk Communication and Community Engagement initiative, playing a key role in disseminating COVID-19 prevention messages.

Asia Pacific Region

- Before 2020, religious leaders were involved in various WV Indonesia WASH activities such as WASH Committee activities, community-based total sanitation (CBTS) facilitation trainings and workshops, and ceremonial activities such as exploration of springs and the launch of newly established WASH facilities. In 2020, WV Indonesia began formally folding faith-leader engagement into its WASH programming with the development of a WASH training module for faith leaders.
- Since 2016, WV India has organised various training programmes to equip Hindu, Muslim, Buddhist, Sikh and Christian faith leaders on the importance of WASH messages in their religious discourses. In these interfaith programmes, faith leaders are trained in aspects of hygiene, sanitation and behaviour change, are equipped with WASH messaging for their mosques, temples, churches, and gurdwaras and are mobilised as change agents in their communities. During the training they also share their perspectives on health and hygiene from their various faith traditions. To date, WV India has trained some 3,000 faith leaders in WASH. During the COVID-19 pandemic, the WASH programme also trained and mobilised faith leaders to promote good hygiene practices (handwashing with soap, using hand sanitiser, masking and social distancing) to reduce the spread of the disease.

4.4. Gender equality and social inclusion

4.4.1 Gender equality design, monitoring and reporting

World Vision's GESI Toolkit⁸⁸ defines gender equality and social inclusion (GESI) as a multi-faceted process of transformation that:

- promotes equal and inclusive access, decision-making, participation and well-being of the most vulnerable;
- transforms systems, social norms and relations to enable the most vulnerable to participate in and benefit equally from development interventions;
- builds individual and collective agency, resilience and action;
- promotes the empowerment and well-being of vulnerable children, their families and communities.

Understanding and prioritising the needs of women and girls and persons with disabilities, from the very beginning of a programme helps ensure safe and equitable access to WASH facilities and services for all. WV WASH programmes address GESI in all project cycles from assessment, design, implementation, monitoring and evaluation, as shown below.

- **Assessment** includes observing and listening to people from vulnerable and marginalised groups, as separate groups, as well as organisations already working on GESI (such as women's or disability

⁸⁸https://www.wvcentral.org/community/gad/Documents/Gender_Equality_and_Social_Inclusion_Approach.pdf#search=gesi%20approach

rights organisations) in the community. Assessment helps to identify the strengths, challenges and gaps to GESI in a particular area so WASH programmes can be designed in a GESI-transformative way.

- During the **design** phase, WV WASH works to ensure women, men, girls and boys, including those with disabilities or from marginalised groups, are part of the decision-making process for the design of WASH systems, to ensure they are accessible, appropriate, dignified and desirable for all.
- During **implementation** WV WASH works to ensure that it listens to and heeds the voices of women, men, girls and boys, including those with disabilities or from marginalised groups. Sustainability and governance practices need to ensure that marginalised people are part of leadership systems and the leadership makeup reflects the population demographics.
- For **monitoring and evaluation**, monitoring data is disaggregated for most of the standard WASH indicators by age, sex and persons with disabilities. The WASH monitoring data also shows the registered children and Most Vulnerable Children (MVCs) reached through WASH interventions. A child is considered an MVC if s/he is affected by at least 2 vulnerability factors including serious discrimination, extreme deprivation, abusive relationship, and catastrophe/disaster.⁸⁹

Refer to section 3.2.2 for GESI transformative WASH competencies for staff. Tools to guide GESI assessment, design and monitoring can be found in the GESI Transformative WASH Guidance,⁹⁰ Examples of GESI indicators as well as monitoring and evaluation guidance can be found in World Vision's GESI DME Toolkit.⁹¹

4.4.2 GESI policy change, social norms and mitigating risks

WV employs an approach to assuring that all people, regardless of gender, ability or background, benefit from, and are empowered by, improved WASH services and practices. From a policy standpoint, the WASH PM encourages influencing GESI mainstreaming at a policy level. This includes policies for communities and institutions, as well as governance and finance structures. WV WASH seeks to influence national WASH strategies and resource investment in service provision, staffing and management.

The behaviour change emphasis in the WASH PM targets a variety of social norms that affect GESI norms. For instance, working to hire women and others from GESI representative groups to be part of the WASH team enables WV to model transformed relationships in communities.

Norms must be addressed in an inclusive way, including people from GESI representative groups, influencers and those in the seats of privilege or power (often men). Sensitivity is critical in this approach, however. If WV WASH programmes and staff are not sensitive, they can inadvertently cause harm by making those in traditional places of power feel threatened.

Addressing harmful norms in a sensitive yet transformative way in our WASH programmes lays the groundwork for GESI transformative programming in other sector work that World Vision does. It also sets an example for girls and boys, including those with disabilities or from marginalised groups, so they grow up more empowered.

4.4.3 Enhancing empowerment and decision making

A lack of informed participation by women and other excluded groups often results in WASH services that are inappropriate, inaccessible and unaffordable. Omitting GESI-related issues in water governance undermines the effectiveness of initiatives, reduces efficiency through missed opportunities, and can limit trust and engagement with the community as a whole. However, when women, people with disabilities and other marginalised groups participate in decision-making on WASH services, their rights to water and sanitation are more likely to be fulfilled through services that are accessible, safe and affordable.

⁸⁹ World Vision's Global Guidance on Estimating Numbers of MVCs.

<https://www.wvcentral.org/community/strategy/layouts/15/WopiFrame.aspx?sourcedoc=/community/strategy/Strategy%20Documents/Vulnerability%20Mapping/Global%20Guidance%20on%20MVC%20Quantification/Global%20Guidance%20on%20MVC%20Estimation.docx&action=default&DefaultItemOpen=1>

⁹⁰ GESI Transformative WASH Guidance, forthcoming in FY22.

⁹¹https://www.wvcentral.org/community/gad/Featured%20Resource/GESI_DME_toolkit.pdf#search=gesi%20dme%20toolkit

The WASH PM provides opportunities for GESI representative groups to make decisions about WASH needs for themselves and their households. This happens through participation in leadership roles in WASH Committees and representation of girls and children from other vulnerable groups in school WASH clubs. These leadership roles highlight and hone the leadership abilities of these groups and help to amplify and address the issues and concerns of GESI representative groups.

The WASH PM focuses on building the capacity of women or girls, and representatives of other vulnerable groups, in WASH leadership and management, operation and repair of facilities. The PM supports the active participation of all people in decision-making around the type of water and sanitation service installed, as well as shared responsibility of managing the water and sanitation services.

4.4.4 Improving participation and increasing gender equality

At a very basic level, WASH access for vulnerable groups improves health, frees up time and enhances dignity. For women and girls, who are often responsible for fetching water and other domestic duties, WASH access allows more time for education, economic pursuits or for more free time. Access to more water can enable better household food security and reduce illness, both improving health and decreasing the time women spend in caregiving for the sick. For persons with physical disabilities, besides protecting health, accessible WASH provides dignity and allows greater independence and participation. Water points must meet the needs of vulnerable groups; they must be conveniently and safely located, easy to use and safely maintained to keep water clean. Toilets must be safely located and equipped for women and girls to care for their specific hygiene needs and for persons with disabilities to care for their personal needs with dignity. These are essential but not necessarily sustainable steps. Sustainable change and true transformation will likely not be realised without addressing the harmful social norms that lie at the root of issues of access, participation, decision-making, well-being, and unequal systems.

Transformative WASH includes not only access, but sustainable, participatory approaches that ensure the needs and ideas of vulnerable groups are not only heard but heeded. Transformative WASH does not merely invite women to participate. It clears the path for decision-making by not determining what is best for vulnerable groups but, rather, by supporting them to make decisions.

4.5. Local to national advocacy

4.5.1 Project Model integration with Citizen Voice and Action (CVA)

The social accountability through CVA-in the WASH PM includes the benefits shown below.

- Empowers community and puts local communities, including those often left behind, at the heart of the services, equips them with tools and enables them to claim spaces to engage in constructive dialogue and collective action.
- Supports a strong focus on inclusion, including of women, the disabled and children, through the process and outcomes.
- Supports local action, including through local to national connections. It helps in overcoming inertia in public service governance and helps communities come alongside the reformers in local government, to find lasting solutions to their challenges.
- Is adaptable for fragile and urban contexts.
- Is ripe for new innovation, including use of various forms of technology for local to national connections (CVA database and mobile application).
- Recognises increasing government capacity to deliver on their commitments to their citizens on services essential for child well-being. Social accountability and advocacy is a WV driver of sustainability. Through CVA, governments are held to account to deliver on their WASH commitments to communities.

Through CVA, communities advocate for better access, management and governance of WASH infrastructure and services-as promised in government policy standards. While many CVA action plan items can be resolved through local and subnational action, there are instances when reforms are needed at higher levels of accountability. For this, aligned networks and coalitions become instrumental in raising concerns seen across many local communities to the subnational and national spaces with the goal of influencing decision-makers to address institutional and policy weaknesses/gaps. Based on citizens' evidence generated through the CVA

process, local, regional or central government (along with supporting partners and stakeholders) implement a plan for improved WASH services, while communities participate in monitoring progress. The CVA database and mobile application help aggregate and analyse data generated through CVA for subnational and national policy influence.

See CVA in WASH guidance for more information.⁹²

4.5.2 Raising community awareness and improving national policy environment

During the community entry stage of the WASH PM implementation, WV conducts an assessment on WASH service levels. During this assessment, it is important to engage communities throughout the process in discussions about how local WASH services can meet national or international standards. This engagement exposes communities to regional, national and international WASH standards and policies related to:

- the provision of safe and affordable drinking water;
- access to sanitation and hygiene, including menstrual hygiene;
- improved water quality;
- management of liquid and solid waste;
- increased efficiency in water use and implementation of integrated water resources management (IWRM), including how to protect and restore water-related ecosystems.

In this process, communities gain awareness and knowledge of the WASH service ratio for households, communities, schools and HCFs. The process also helps communities understand that good WASH services contribute to protecting children from infection and disease and to providing improved nutrition, improved school attendance and the building of positive and peaceful relationships in families and communities.

4.5.3 Improving national policy and linkages to child well-being objectives and sustainable development goals

National policies have been developed, changed and improved based on global, national and local advocacy. CVA is one of the advocacy models used by WV to influence policy changes and contributes to achieving child well-being (CWB) objectives, namely (i) an increase in children protected from infection and disease, (ii) an increase in primary students who can read, (iii) an increase in children who are well nourished, and (iv) an increase in boys and girls protected from violence.

CVA implementation in the WASH PM calls for alignment with SDG 6 (“Ensure availability and sustainable management of water and sanitation for all”). It also addresses other WASH-related engagements that impact policies around CWB objectives, such as the examples below.

- **Protection of children (and communities) from infection and diseases in alignment with SDG 3:** Community-based CVA implementation addresses policy change for equitable universal WASH service coverage, reduction of waterborne and water-related disease, improved sanitation coverage and ending open defecation, and improved WASH services in HCFs for maternal and child health and well-being. Efforts at policy improvement also take into account gender equity and social inclusion aspects of WASH service delivery in alignment with SDG 5.
- **Increased school attendance in alignment with SDG 4:** CVA implementation addresses policies for improved WASH services in educational settings so as to increase school attendance, ensure inclusive and equitable quality education, and promote learning opportunities for all. CVA implementation contributes to changes in policies and standards regarding school infrastructure and services such as water access, gender segregated latrines (with MHM facilities) and the availability of handwashing facilities for improved hygiene practices.
- **Improved child nutrition in alignment with SDG 2:** CVA implementation in WASH contributes to improving child nutrition, ending hunger and achieving food security. CVA is used to advocate for

⁹²<https://www.wvcentral.org/community/SA/Featured%20Resource/FINAL%20WASH%20%20CVA%20GUIDANCE.pdf>

policy improvement for the availability of water for irrigation, which enhances sustainable agriculture (and water quality and quantity) for safe food processing.

- **Children and women are safeguarded, protected and participate in WASH programming in alignment with SDG 16:** CVA implementation in WASH also supports and strengthens the establishment of policies that ensure children and women are safeguarded, protected and participate in WASH programming. WV works to provide access to water in communities and households, schools and HCFs, bringing water sources closer to these settings to eliminate potential abuse for women and girls when walking long distances to collect water from remote sources. It also works to provide nearby sanitation facilities that provide similar protection. CVA implementation also impacts policies on the inclusion of women in WASH Committees, which facilitates and strengthens safeguarding, including the establishment and monitoring of confidential reporting mechanisms to reduce abuse and sexual exploitation of women and children. After demonstrating a proof of concept, CVA can be implemented for the introduction of new technologies (such as electronic, cashless water systems) that eliminate the need for water-point attendants and thereby reduce potential abuse. Similarly, new water-insurance programmes can help ensure that mechanised water systems are repaired in a timely manner, thus reducing the need for women and children to seek alternative sources of water that may put them at risk for abuse.

CVA implementation in WASH has served to improve national policies in the following areas:

- Access to water points and universal water services coverage
- Countrywide sanitation coverage, ending open defecation, and latrine construction in households, schools and HCFs
- Access to spare parts for water infrastructure
- Water quality
- Diversification and best management of water sources through Integrated Water Resources management (IWRM)
- WASH for climate change adaptation and mitigation

4.5.4 Examples of Citizen Voice and Action (CVA) improving WASH services and policy

Eswatini: The WV Eswatini WASH Programme is part of various national WASH forums that influence decisions on national policies, including the National ODF Verification team, the National Sanitation and Hygiene Strategy Review Team and the National Sanitation Manual Review Team. These platforms have allowed the WASH TP to influence policies relating to WASH programming. And, since WV is community based, the programme is able to influence policies towards the needs of the community.

Ghana: The decision to achieve full sanitation coverage (and associated policy decisions) was the result of long-term WV advocacy through CVA in districts as well as at the national level. CVA was used to engage district assemblies and civil societies to advocate the government to adopt a policy and timeframe on universal sanitation – through extensive use of Community-Led Total Sanitation (CLTS) and the accountability of districts in policy implementation. CVA has been used to create collective responsibility (among communities and local players) for the implementation of adapted solutions to WASH problems identified locally. WV Ghana sensitised communities to dialogue for quality WASH services as part of enhancing social accountability. Once communities are well informed about WASH policies and standards, as well as the appropriate channels, they are enabled to take collective responsibility for WASH services, as well as to assess facilities to ensure they are in line with the policies and standards.⁹³

India: WV worked with Rotary International as a major partner in the WASH in Schools programme, with a goal of influencing the Clean School Mission of the Indian government. As a result, Clean School prescribes that local government and municipalities allocate a portion of funds for the operation and maintenance of school

⁹³ “World Vision Ghana sensitizes communities to dialogue for quality WASH service”, Anam Wash, 2020.
<https://www.anamwash.com/blog/world-vision-ghana-sensitizes-communities-to-dialogue-for-quality-wash-service>

facilities. At the local level, WV India motivates schoolteachers, village leaders and parents to meet the local elected member of the Legislative Assembly and Member of Parliament to advocate for allocation of funds (from their annual development funds) for school toilets, buildings and fencing walls. Many Gram Panchayats (Village Councils) now provide janitors at the schools for cleaning, and many case funds have been allocated for minor repairs. This effort also resulted in many cases where increased fund allocations were made for school infrastructure development. As a member of the National Sanitation and Water coalition, WV India contributed to the annual policy review and to a Pre-Budget Consultation held by the Ministry of Finance on WASH. WV India has also been selected as a sector implementation partner for the Department of Drinking Water & Sanitation (Ministry of Jal Shaktiin) with a goal of reaching every household with taps.

Indonesia: The WV Indonesia advocacy team was involved in the development and review of the “environment enabling tool” developed/conducted by the National Development Planning Agency (including the development of training modules, guidance books, IEC contents and technical policies regarding CBTS with the Ministry of Health). WV Indonesia is also a member of the National WASH Network, including Secretariat of the Working Group on Water Supply and Sanitation (Pokja AMPL) – a working group for water supply and sanitation, which periodically advocates for WASH-related issues. In the Pokja AMPL Network, WV Indonesia has a role in the WASH in Emergency cluster. During the West Sulawesi earthquake (early 2021), WV Indonesia (through the Pokja AMPL Network) was active in developing training modules, IEC media and national trainings on CBTS in Emergencies. In the context of the COVID-19 outbreak, WV Indonesia was active in the development of modules on the handling of household infectious waste, and CBTS triggering and verification protocols. After presenting CVA processes to the Ministry of Health and Ministry of Villages, Disadvantaged Regions and Transmigration, WV Indonesia signed a memorandum of agreement with the Ministry that established a partnership in the development of a national action plan.

Lesotho: The current Government of Lesotho’s Water and Sanitation policy, in place since 2007, focuses only on the issues of water and sanitation, while hygiene issues are not addressed. The WV Lesotho WASH team have worked directly with the WASH cluster technical working group at the national level (which comprises different WASH stakeholders) in revising and updating the policy. The final draft document was submitted to parliament in 2021 for review and approval for implementation.

Malawi: At the national level, the WV Malawi WASH Programme is a member of the Water and Environmental Sanitation Network (WESNET), which is a membership-based civil society network that coordinates all NGOs implementing WASH in Malawi. Through WESNET, WV WASH took part in advocacy for WASH sector prioritisation through the creation of a dedicated ministry for water/WASH, as WASH is currently under the Ministry of Forestry and Environment. WV advocacy efforts also target the removal of VAT on MHM materials.

Mozambique: Through advocacy efforts, WASH governance was improved by the allocation of more roles and responsibilities to the national water council and the advisory committee.

South Africa: WV engaged community-based organisations (CBOs) and groups to use the principles of CVA to resolve WASH service issues through water service authorities.

Zambia: The establishment of the National Water Supply and Sanitation Council, as the main organ responsible for government water policy, was a result of joint advocacy and CVA actions to improve national policies through clearly defined roles and jurisdictional responsibilities within the water sector.

Zimbabwe: CVA initiatives helped solve a dual structure issue in the water management system. The partnership and collaboration of WV Zimbabwe with key government line ministries (including Ministry of Lands, Agriculture, Water, Climate Change and Rural Resettlement; Ministry of Health and Childcare; Ministry of Women Affairs, Community, Small and Medium Enterprise Development; Ministry of Primary and Secondary Education) has enabled the WASH Programme to support advocacy efforts in the following areas:

- Hygiene and sanitation policy reform (standardisation and adoption of girl friendly latrine designs in schools)
- Water safety and water use planning
- Equitable access of WASH services in schools, such as construction of girl-friendly and disability-friendly latrines

- Reliable provision of safe water in schools, HCFs and community environmental health
- WASH Sector research and development

5. Learning and implementation resources

The WVI Global WASH Sector team is responsible for maintaining and updating the WASH PM. For practical questions about the model, please contact:

- Ray Norman (Ray_Norman@wvi.org), Sector Lead, MI-WASH
- Samuel Diarra (Samuel_Diarra@wvi.org), Technical Director, Quality & Innovation, MI-WASH

Resources for the design and implementation of WASH technical programmes are in the table below. The WASH PM can be accessed on WVCentral through the Project Model Portal at the following link:

<https://www.wvcentral.org/EandL/Pages/Project-Models.aspx>.

Table 5.1 Resources for the design and implementation of WASH technical programmes

Note that World Vision resources have a bolded title.

Category	Title	Description	Link
General	WV WASH Sector Approach	Provides a short description of WV WASH's sector approach	https://www.wvcentral.org/community/wash/Documents_01/WASH_Sector_Approach_Final.pdf
	UN WASH Implementation Roadmap	Tools and links for implementing and monitoring WASH projects at the global level	https://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf
WASH in Communities & Households	WASH CPM Field Guidance	Practical guidance for implementing the WV WASH project model, with a focus on communities and households	Under development in FY22
WASH in Schools	WASH CPM Field Guidance for Schools	WV WASH Field Guidance for Schools	Under development in FY22
	WASH in Schools Implementation Guide, by Plan International Australia and Live & Learn Environmental Education	Guidance on WASH in Schools programming, including a step-by-step implementation plan	https://livelearn.org/assets/media/docs/resources/WinS_Implementation_Guide_web.pdf
WASH in Healthcare Facilities	WASH CPM Field Guidance for HCFs	WV field guidance for HCFs	Under development in FY22
	WV WASH in HCFs Reference Guide	WV guidance for WASH in HCFs programming	https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20in%20HCF%20Reference%20Guide%20FINAL.pdf?Web=1
	WASH in Health Care Facilities (WHO and UNICEF)	Practical steps to achieve universal access to quality care	https://www.unicef.org/media/51591/file/WASH-in-health-care-facilities-practical-steps-2019%20.pdf
WASH in Emergencies and Fragile Contexts	WASH CPM Field Guidance for WASH in Emergencies	WV field guidance for WASH in emergency contexts	Under development in FY22
	WASH CPM Field Guidance for Fragile Contexts	Guidance for WASH programming in fragile contexts	Under development in FY22
Citizen Voice and Action (CVA)	CVA and WASH Guidance	Assists CVA and WASH staff to employ CVA methodologies to support communities to hold government to account for improved WASH services	https://www.wvcentral.org/community/SA/Featured%20Resource/FINAL%20WASH%20%20CVA%20GUIDANCE.pdf
Faith and Development	Field Practitioners' Guide to Faith Integration in WASH Programmes	Provides practical steps for Christian faith integration in field WASH programmes	Under development in FY22
	Giving Word to Our Faith	WVI messaging framework to assist staff in articulating WV's Christian identity effectively and accurately in various contexts	https://www.wvcentral.org/TriennialCouncil/Councildocuments/WVI%20Giving%20Word%20to%20our%20Faith-final%20complete.pdf#search=The%20Giving%20Word%20to%20our%20Faith%20framework

	Faith Integration and Christian Witness in Relief and Development: Reflections and Practical Guidance for Field Teams	Journal article – practical guidance on faith integration and Christian witness, with lessons/experiences drawn from WV WASH	https://crdajournal.org/index.php/crda/article/view/207
	Jesus: The Source of Living Water (JSLW)	Jesus: The Source of Living Water is an effective tool in holistic transformation development aimed at the sustained well-being and spiritual nurture of children. The booklet integrates biblical teachings into WASH to provide material for use at household level in behavioural change that enhances a clean and safe natural environment for a healthy child.	http://www.wvi.org/clean-water-sanitation-and-hygiene-wash/publication/jesus-source-living-water
Behaviour Change	WV WASH Behaviour Change Guidance for Programmes	Guidance for designing the behaviour change component of a WV WASH programme	https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Behavior%20Change%20Guidance.pdf?Web=1
	Designing for Behaviour Change (DBC)	DBC is a behaviour change framework that uses barrier analysis to discover the key factors ('determinants') that both hinder and encourage a specific behaviour. These determinants serve as a foundation for activities designed to influence those determinants, rather than use of more traditional education-based approaches.	https://www.wvcentral.org/community/wash/Documents_01/DBC%20for%20WASH%20curriculum_FINAL.pdf
Water Quality (including Supply Chain)	WV Water Quality Protocol	Guidance for WV staff on the assessment of drinking water quality parameters at WV constructed water supply facilities	https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Water%20Quality%20Protocol%20Final%20(Internal).pdf
	WHO Guideline for drinking water 4 th edition with Addendum	Most current WHO guideline for drinking water quality	https://www.who.int/publications/i/item/9789241549950
	WV WASH Procurement Guidelines: Procedures & Standards for Staff	This document guides staff in the procurement of WASH goods, materials and services for safety, quality and compliance. It should be followed by WASH projects and NO supply chain staff when ordering WASH project goods, equipment, materials and services provided by a third party as consultant or contractor.	https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20Final%20(Internal).pdf
	WV WASH Procurement Guidelines: Procedures & Standards for Suppliers	This document defines the core requirements to assure the quality of all WASH goods and services provided by suppliers to World Vision. It should be reviewed and followed by all WASH suppliers to ensure materials meet standards and to ensure proper documentation.	https://www.wvcentral.org/community/wash/Documents_01/WV%20WASH%20Procurement%20Guidelines%20for%20Suppliers%20Final.pdf
Monitoring & Indicators	WV WASH Monitoring Guidance for Output Indicators	Provides definitions and details for measuring all global standard output indicators in WV WASH programming	https://www.wvcentral.org/community/wash/layouts/15/WopiFrame.aspx?sourcedoc=/community/wash/Documents_01/WASH%20Monitoring%20Guidance_IDS.docx&action=default&DefaultItemOpen=1
	Global WASH Standard Indicators	Global Standard WASH Indicators for communities, schools, healthcare facilities and emergencies	https://www.wvcentral.org/community/wash/Documents_01/WASH%20Standard%20Indicators.xlsx?Web=1
	WASH Monitoring Guide	Guidance for monitoring WV WASH programmes, including detailed reference sheets	Under development in FY22

	JMP Core Questions for WASH in Health Facilities Monitoring	Reference document for core WASH in Health Facilities – questions for evaluations	https://www.who.int/water_sanitation_health/publications/monitoring-wash-in-health-care-facilities-aug-2018.pdf
	JMP Core Questions for WASH in Schools Monitoring	Reference document for WASH in schools – questions for evaluations	https://www.who.int/water_sanitation_health/monitoring/coverage/wins-core-indicators-and-questions-4-pager.pdf
	UNHCR WASH Standards & Indicators for Emergency Settings	Standard WASH in Emergencies indicators with detailed definitions and framework	https://wash.unhcr.org/wash-indicators
Gender and Social Inclusion	WASH and GESI	WV guidance on gender equality and social inclusion in WASH	Under development in FY22
	Casting the net further: Disability inclusive WASH	WV WASH guidance on disability inclusive WASH	https://www.wvi.org/sites/default/files/Full%20Disability%20Inclusive%20WASH%20Report.FINAL_.pdf
	RWSN: Reducing Inequalities in Water, Sanitation and Hygiene	A synthesis of experiences and lessons discussed in the RWSN Equality, Non-discrimination and Inclusion Group, 2015	https://www.rural-water-supply.net/fr/ressources/details/771
	WASH Disability Inclusion Practices (UNICEF)	Guidance for including people with disabilities in WASH programming	https://sites.unicef.org/disabilities/files/WASH_Disability_Inclusion_Practices_programming_note_-_Draft_for_review.pdf
Menstrual Health and Hygiene	Menstrual Hygiene Management (MHM) Guide	Provides basic knowledge on MHM programming for girls, school and in emergency settings; includes tools, approaches and interventions necessary for MHM programming	https://www.wvcentral.org/community/wash/Documents_01/MHM%20Guide%20Draft%201.pdf?Web=1
	Guidance on Menstrual Health and Hygiene (UNICEF)	Description of MHH and guidance for implementing MHH programming	https://www.unicef.org/media/91341/file/UNI-CEF-Guidance-menstrual-health-hygiene-2019.pdf
COVID-19 Response	WV Covid-19 WASH Response	WASH contribution to the Covid-19 Response, highlighting goals, objectives and WASH interventions in various settings	https://www.wvcentral.org/community/wash/Documents_01/World%20Vision%20COVID-19%20WASH%20Response%2005.01.20.pdf?Web=1
Other Topics	WV BabyWASH Toolkit	BabyWASH is used to improve the integration of WASH interventions with maternal, newborn and child health (MNCH), nutrition and early childhood development (ECD), to enable a more profound impact on child health outcomes in the first 1,000 days of life.	https://www.wvi.org/publications/manualtoolkit/babywash-toolkit
	WV WASH Competencies	Defines the competencies that WV WASH staff need to be successful in their roles; to be used for capacity building and performance management	Under development in FY22
	Sustainable Sanitation Alliance: Linking WASH and Nutrition – a Roadmap for Better Health	Makes connections between WASH and Nutrition interventions for better health outcomes, with practical examples in countries	http://www.susana.org/_resources/documents/default/3-2728-7-1486548868.pdf
	Community-Led Total Sanitation (CLTS) Training Guide	Guidance for conducting CLTS in communities. <i>(See notes on CLTS and CLTS+/CLTS ++ in section 3.1.1 Methodology of the Model. This approach should be used with other methods, such as sanitation marketing, to ensure families move up the sanitation ladder.)</i>	https://www.wvcentral.org/community/wash/Documents_01/CLTS_Training_Guide_2010.pdf

6. Acronym List

AMCOW	African Ministers' Council on Water
AP	Area Programme
BSL	Building Secure Livelihoods
CBO	Community-based organisation
CBTS	Community-based total sanitation
CDC	Centers for Disease Control and Prevention
CF	Celebrating Families
CHW	Community health workers
CLTS	Community-led total sanitation
CMAM	Community-Based Management of Acute Malnutrition
CoH	Channels of Hope
COMM	Community Health Committees
COP	Chief of Party
CP&A	Child Protection and Advocacy
CPM	Core Project Model
CVA	Citizen Voice and Action
CWB	Child well-being
CWBO	Child well-being objective
DBC	Designing for Behaviour Change
DIP	Detailed Implementation Plan
DIQA	Design and Implementation Quality Assurance
DME	Design, Monitoring and Evaluation
DQA	Design Quality Assurance
EAR	East Africa Region
ECD	Early childhood development
EWV	Empowered World View
FBO	Faith-based organisation
FCPA	Fragile Context Programme Approach
GBG	Go Baby Go
GESI	Gender equality and social inclusion
GMP	Growth monitoring and promotion
HCF	Healthcare facility
HH	Household
HWTS	Household water treatment systems
IEC	Information, education and communication
IQA	Implementation Quality Assurance
IRC	International Water and Sanitation Centre
ITT	Indicator tracking table
IWRM	Integrated Water Resources Management
IYCF	Infant and young child feeding
JMP	Joint Monitoring Programme (WHO/UNICEF)
JSLW	Jesus: The Source of Living Water
LEAP	Learning through Evaluation with Accountability and Planning
MHH	Menstrual health and hygiene
MHM	Menstrual hygiene management
MI-WASH	Ministry Integration-WASH
MICS	Multiple Indicator Cluster Surveys
MNCH	Maternal, Newborn and Child Health
MVC	Most Vulnerable Children
NGC	Nurturing Care Group
NGO	Non-governmental organisation
NO	National Office
NTD	Neglected tropical disease

P&G	Proctor and Gamble
PDH	Positive Deviance/Hearth
PDH+	Positive Deviance/Hearth Plus
PM	Project Model (see also CPM, Core Project Model)
POU	Point of use
PPP	Public-private partnerships
ODF	Open defecation free
RWSN	Rural Water Supply Network
S4T	Savings for Transformation
San Mark	Sanitation marketing
SAR	Southern Africa Region
SDGs	Sustainable Development Goals
SHINE	Sanitation Hygiene Infant Nutrition Efficacy
SO	Support Office
TP	Technical Programme
TTC	Timed and Targeted Counselling
UNICEF	United Nations Children's Fund
UNC	University of North Carolina
USAID	US Agency for International Development
USC	Universal Services Coverage
WASH	Water, sanitation and hygiene
WASHiE	WASH in Emergencies
WESNET	Water and Environmental Sanitation Network
WHO	World Health Organization
WV	World Vision
WVUS	World Vision US

7. WASH CPM Glossary

Access to sanitation services	The availability of basic or safely managed sanitation services (refer to JMP definitions in Appendix 1).
Access to water supply services	The availability of basic or safely managed drinking water (refer to JMP definitions in Appendix 1).
Accessible WASH facilities	WASH facilities that are functional, safe, secure and able to be reached physically, including by children and persons with physical disabilities.
Appropriate WASH facilities	WASH facilities that meet quality, quantity and design standards for those they are intended for serve.
Artisan	Refers to either hand pump artisans or latrine construction artisans. A pump artisan is a person (or a group) responsible for both the regular and routine maintenance and repair of the hand pumps. They should be trained on the instalation, repair and maintenance of the particular pumps used in a project. A latrine artisan is someone (or a group) responsible for the construction, maintenance and rehabilitation of latrines in the community. They should be trained on the design, the siting and the construction of latrines using locally available materials.
Basic sanitation facilities	Those facilities that effectively separate excreta from human contact and ensure that excreta do not re-enter the immediate household environment. They include: <ul style="list-style-type: none"> – A pit latrine with a superstructure and a platform or squatting slab constructed of durable material. A variety of latrine types can fall under this category, including composting latrines, pour-flush latrines and ventilated improved pit (VIP) latrines. – A flush toilet connected to a septic tank or a sewer (small bore or conventional).
Capacity building	Actions which gradually improve the abilities of people and institutions to operate efficiently and effectively.
Community	The specific group for whom the WASH sectoral activity is undertaken, the primary stakeholder, the end user of the WASH services and the final owner. The community is involved in all parts of the WASH project, including conception, planning, implementation, monitoring and evaluation. The WASH Committee or a user association represents the community's interests to district government, service providers and other WASH partners.
Community contribution	The community's cost sharing for implementing WASH activities. Community inputs can be cash, labour or local materials, according to local resources and ability to pay. This includes also the payment by the members of the community towards capital costs and recurrent costs (administration, operation and maintenance costs, or any other cost related to the service provided).
Community-based management	The service delivery model in which communities have been delegated responsibility to operate and manage water facilities. This option includes many variations, from purely voluntary committees, to those with systematic support, to those where tasks are outsourced to individuals and even private companies but where the community retains governance and oversight.
Community participation	A process through which all members of a community or organisation are involved in and have influence on decisions related to WASH activities that will affect them. Everyone in the community regardless of gender or socio-economic status is encouraged to provide opinions, make decisions and assist in the implementation of an action. This includes their involvement in decision making, planning, financing, implementing and monitoring the WASH projects and services.
Contract	A written, legally binding agreement between the organisation and a supplier or service provider. The contract establishes the terms, technical specifications and conditions, including the rights and obligations of the organisation and the supplier.
Contractor	Any party to a procurement contract with the organisation. A contractor may take various forms, including an individual person, a company (whether privately or publicly held), a partnership or a government agency.
Disability	Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

Disinfection	The inactivation of disease-causing organisms using chemicals, radiation (including solar), heat or physical separation processes.
District local government	The local government authority. It usually has the responsibility of planning and post-construction monitoring of water facilities and may be involved in monitoring the construction work.
Ecological sanitation (Ecosan)	Sanitation design which strives to protect ecosystems and treats excreta as a valuable resource to be recycled. The term is widely understood to reflect this general approach to excreta management, but Ecosan technology often implements the approach through the separation of urine and faeces at the level of the individual toilet.
Effective use of services	The use and management of water and sanitation services in ways that maximise expected health, economic and productivity benefits.
Empowerment	The effort performed by an individual or group of individuals to build and strengthen a community's independence and self-reliance/confidence by stimulating the community's own initiative and creative potential.
Enabling Environment	A set of conditions comprising laws, policies, financial instruments, formal organisations, community organisations and partnerships, which together support and promote the effective and efficient delivery of WASH services.
Environmental cleanliness	Behaviours, facilities and policies that are aimed at ensuring a sanitary environment and controlling environmental factors involved in disease transmission. It includes sanitation (defined as the infrastructure and services required for the safe management of human excreta) but also includes hygienic management and/or disposal of human and animal excreta, solid waste management, water and wastewater treatment, industrial waste treatment, drainage of surface water and sullage, washing facilities for personal and domestic hygiene, food safety, housing and workplace sanitation, control of disease vectors and air pollution control.
Equity	When all people's unique needs are taken into consideration and they are provided the resources and opportunities they need to achieve an outcome equal to others.
Evaluation	The systematic and objective assessment of the design, implementation and results of a project, program or policy. The aim is to determine the relevance and fulfilment of objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors.
Excreta	Waste matter that comes from a person or animal's body, especially faeces or urine.
Faecal-oral transmission	The passage or transfer of disease pathogens contained in faecal matters from one host to another via the mouth through contaminated water or food.
Food hygiene	Actions and conditions aimed at keeping food clean and safe in the entire pre-consumption chain in order to prevent disease.
Gender equality	The state in which women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections associated with WASH services. Girls and women have agency to use those rights, capabilities, resources and opportunities to make strategic choices, claims and decisions about WASH services without the fear of coercion or violence.
Gender Equality and Social Inclusion (GESI)	World Vision defines GESI as a process of transformation that 1) promotes equal and inclusive access, decision-making, participation and well-being of the most vulnerable; 2) transforms systems, social norms and relations to enable the most vulnerable to participate in and benefit equally from development interventions; 3) Builds individual and collective agency (or empowerment), resilience and action; and 4) Promotes the empowerment and well-being of vulnerable children, their families and communities.
Gender mainstreaming	The process of assessing the implications for women and men of any planned WASH action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for identifying women and men's concerns and experiences from the design, implementation, monitoring and evaluation of WASH policies and programs in all steps so that women and men benefit equally.

GESI representative groups	Those who might experience deprivation, marginalisation, exclusion or harm due to GESI-related aspects of their identity. These groups vary according to context and social norms, but generally include categories like gender, disability status, class, religion, ideology, geographic origin, ethnicity or marital status.
Governance	The ability of local structures to provide and maintain effective WASH services. Factors include planning and budgeting, financing arrangements, law and policy development, capacity building and training of service providers, and accountability. Good governance is essential for WASH services sustainability.
Groundwater	Water that exists underground in saturated zones below the surface of land. This water, coming primarily from precipitation, infiltrates the ground to fill the spaces between sand, soil and rock. It can resurface through natural drainage to replenish streams, rivers and lakes. It is the source of water for springs and wells.
Hygiene	A set of behaviours and measures that are able to reduce the burden of infectious diseases at home and in the community. It includes hand hygiene, personal hygiene, safe excreta disposal, ensuring safe water at the point-of-use, menstrual hygiene, general hygiene (laundry, surfaces, baths, sinks), food hygiene (cooking, storing, preventing cross-contamination), animal excreta management and solid waste management. For monitoring purposes, indicators that use the word hygiene refer to whether or not there is a handwashing facility on the premises equipped with soap and water.
Hygiene promotion	A planned approach to preventing sanitation-related diseases through the adoption of safe hygiene practices.
Hygienic environment	An environment that is clean and not likely to cause water, excreta and waste-related disease.
Improved sanitation	A term used to categorise the types of sanitation services for monitoring purposes. Improved sanitation refers to the management of human faeces at the household level, including a flush or pour-flush toilet connected to sewerage, a septic tank or covered pit, or a pit latrine with a slab or a Ventilated Improved Pit (VIP) latrine.
Improved water source	A water source that, by nature of its construction or through active intervention, is likely to be protected from outside contamination, in particular from contamination with faecal matter and more likely to provide "safe" water, such as a household connection, a borehole, etc. Improved water source (or improved drinking-water source or improved water supply) is a term used to categorise certain types or levels of water supply for monitoring purposes.
Integrated water resources management	A process which promotes the coordinated development and management of water, land and related resources in order to maximise economic and social welfare in an equitable manner without compromising the sustainability of vital ecosystems and the environment.
JMP	The WHO/UNICEF Joint Monitoring Program (JMP) is affiliated with UN-Water and was established in 1990. It builds on earlier monitoring activities carried out by WHO since the 1960s. JMP is the official UN mechanism tasked with monitoring progress towards Sustainable Development Goal Number 6 (SDG 6). The JMP's objectives are to provide regular global reports on drinking water and sanitation coverage to facilitate sector planning and management, to support countries in their efforts to improve their monitoring systems and to provide information for advocacy.
Maintenance	A set of activities required to sustain WASH facilities in proper working condition. Maintenance can be divided into: <ul style="list-style-type: none"> – Preventive maintenance – regular inspection and servicing to preserve assets and minimize breakdowns. – Corrective maintenance – minor repair and replacement of broken and worn out parts to sustain reliable facilities. – Crisis maintenance – unplanned responses to emergency breakdowns and user complaints to restore a failed supply.
Menstrual health and hygiene (MHH)	A concept that includes both menstrual hygiene management (MHM) as well as the broader systemic factors surrounding menstruation, including policy and advocacy, timely and accurate knowledge about menstruation, access to safe and affordable menstrual hygiene materials, and access to sanitation and washing facilities.

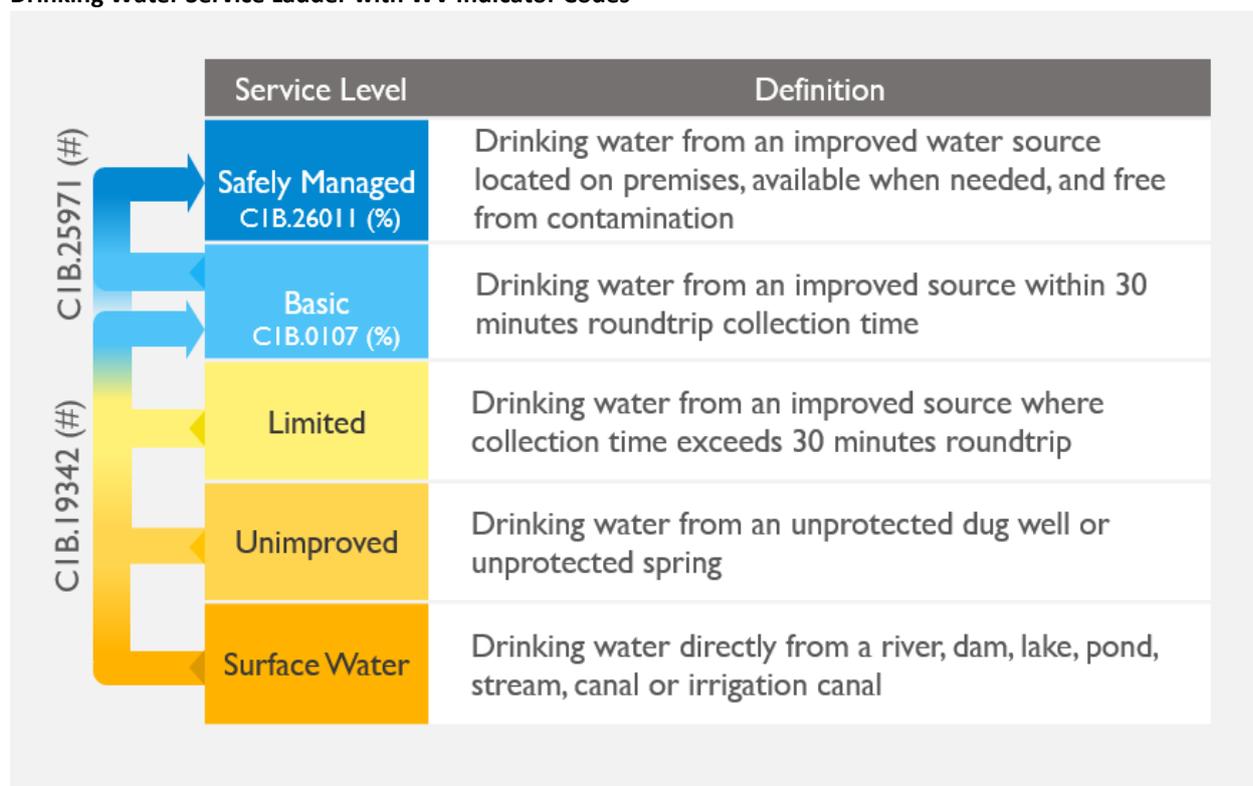
Menstrual hygiene management (MHM)	The hygienic care of the menstrual process, including 1) use of clean menstrual materials to collect blood, 2) use of soap and water for washing the body, and 3) access to facilities for privacy, personal cleaning and safe disposal of used menstrual materials.
Microfinance	The delivery of financial services, such as loans and deposits, to poor or low-income individuals, households and/or to micro-enterprises.
Monitoring	The periodic tracking of WASH activity's progress by systematically gathering and analysing data and information. (The frequency can be daily, weekly, monthly, quarterly or annually.) It includes the collection and analysis of information about current WASH project development and WASH service delivery to improve implementation, performance, results and sustainability.
Open defecation free (ODF)	A status in which no faeces is visible in the community and surrounding, adjacent environment, and where community members use a safe means to dispose of all adult, child and infant faeces. Furthermore, there is no faecal contamination of surface soil, no faeces accessible to flies or animals, no handling of fresh faeces, and no faecal odour.
Pit latrine	A latrine with a pit for collection and decomposition of human excreta and from which liquid infiltrates into the surrounding soil.
Pour-flush latrine	A latrine that depends on small quantities of water for its operation, poured from a container by hand, to flush away faeces from the point of defecation (usually to a pit).
Quality control	A process or a tool used for checking a product for its quality against a set of standards or specifications.
Recurrent cost	A cost that needs to be paid periodically to ensure that a system or installation will continue to function satisfactorily.
Resilience	The ability of people and systems to anticipate, adapt to and recover from the negative effects of shocks and stresses on WASH services (including natural disasters and climate change) in a manner that reduces vulnerability, protects livelihoods, accelerates and sustains recovery, and supports economic and social development, while preserving cultural integrity.
Rural communities	Human settlements located outside defined municipal areas.
Safe drinking water source	A source that consistently provides water of a quantity and quality that meets national drinking water provision and quality standards or other appropriate criteria.
Sanitation	The provision of facilities and services for the safe management of human excreta from the toilet to containment and storage and treatment onsite or conveyance, treatment and eventual safe end use or disposal. It involves the availability of suitable facilities, but also appropriate behaviours which work together to form a hygienic environment. Facilities include flush/pour-flush to piped sewer systems, septic tanks, pit latrines, ventilated improved pits or composting toilets.
Sanitation marketing	The use of marketing techniques to promote the construction and use of sanitation facilities. Sanitation marketing considers the target population as customers. It utilises private sector experience to develop, place and promote an appropriate product: in this case the product is a toilet and excreta disposal system, be it sewerage connection, pit latrine or other mechanism. Critically, the facilities must be readily available at an affordable price in the right place.
Solid waste management	The discipline associated with the control of generation, storage, collection, transfer and transport, processing, and disposal of solid waste in a manner that is in line with the best principles of public health, economics, engineering, conservation, aesthetics, and other environmental considerations, and that is responsive to public attitudes and practices.
Subsidy	A form of financial assistance paid to an individual, a business or an economic sector in order to achieve WASH objectives. For example, a subsidy can be used to support WASH businesses that might succeed or otherwise fail, or to enable a household to purchase a toilet.
Universal WASH coverage	Indicates that <i>all</i> people have access to water, sanitation and hygiene services that are safe, affordable and sustained. This is an aspirational goal and one that will never be fully achieved in a strict technical sense, because populations and communities are always changing. In this WASH PM, aiming for Universal Coverage means that field offices – in partnership with the public sector, private sector and civil society – should <i>design</i> their WASH programs to ensure access to WASH services for all communities and their households, schools, and healthcare facilities and emergency settings. However, when measuring whether Universal Coverage has been achieved, WV WASH recommends a target of 95% coverage (90% as an absolute minimum, subject to local NO contexts).

Vulnerable groups	Groups of individuals who are disadvantaged and are more susceptible to falling into poverty and other harms than other members of the population because they hold less power, are more dependent, are less visible and/or are otherwise marginalised. These groups may include persons with disabilities, people affected by war and conflict, children and youth, the elderly, women and ethnic minorities. A person may fall into more than one of these groupings. Vulnerability is relative, depending on exposure to WASH-related risks (shocks and extent of poverty) and capacity to manage them (resources, availability of WASH services).
WASH behaviours	A set of actions, activities, or processes that a person does related to water, sanitation or hygiene. It includes behaviours such as the use of improved sanitation, disposal of infant and animal faeces, handwashing with soap at critical times, water treatment, safe handling of water in the household and environmental cleanliness.
WASH Committee	A group of 7-11 members who represent the interests of their community to district government, service providers and other WASH partners. The WASH Committee is often responsible for managing the community water system and organising the WASH programme. The WASH Committee should be representative of the community and include members from marginalised groups, including women in key leadership roles.
Waste water	The spent or used water from homes, communities, farms and businesses that contains enough harmful material to damage the water's quality. Wastewater includes both domestic sewage and industrial waste from manufacturing sources.
Water point	A water source that has been improved in some way to protect it from outside contamination. Includes non-piped drinking water sources such as a hand pump, tube well, sand filter, dug well, rainwater harvesting as well as piped water supply outlets for common use, such as public stand posts.
Water resource	A naturally-occurring body of water that is potentially available for human use, such as a lake, river or aquifer (groundwater). It may also include collected rainwater.
Water source	The point that provides water to public drinking water supplies and private wells, at which water can be extracted, such as a borehole, rain water harvesting point, plant for treating surface water, a spring or a well.
Water supply	A facility or system that provides a source of water for domestic consumption such as drinking, washing, bathing and home-based economic activities.
Water treatment	A process that improves the quality of water to make it appropriate for a specific use, such as drinking. It involves removing specific pollutants such as nutrients, suspended solids, organics, heavy metals or dissolved solids (such as salts) from the water using physical, chemical or biological methods.
Water user fees	A local system of fees collected regularly within communities for maintenance, repair and extension of community water systems.

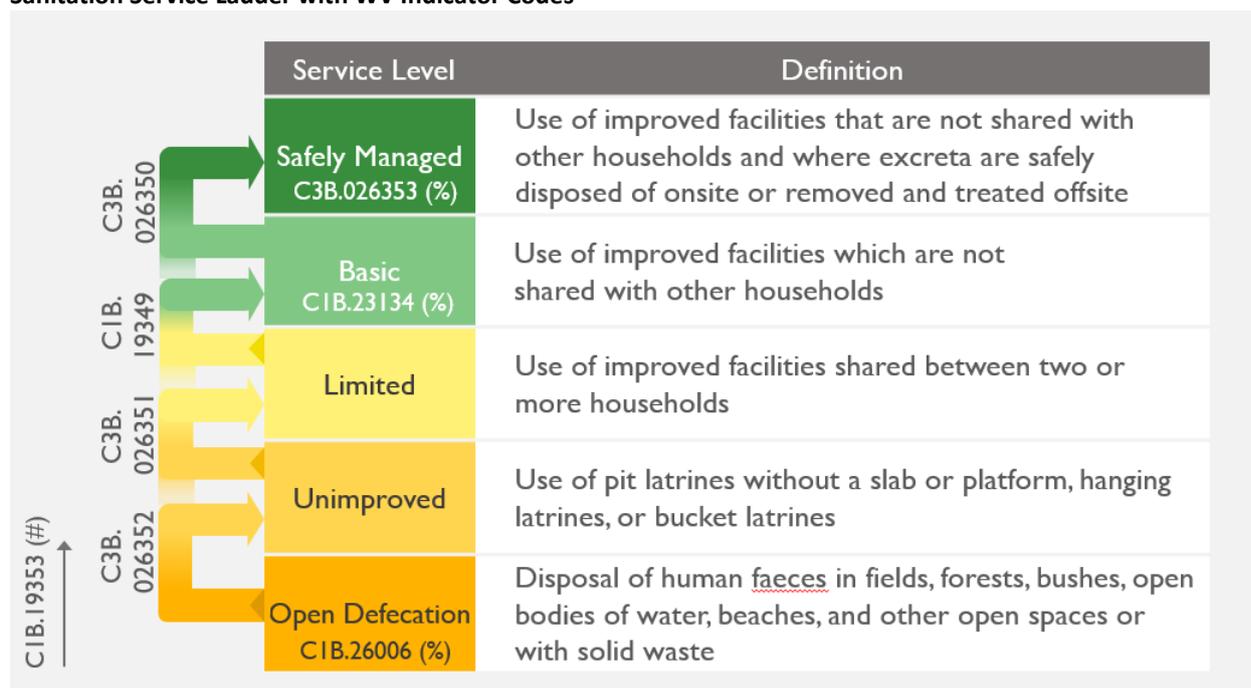
8. Appendix 1: JMP Service Ladders with Corresponding WV Indicator Codes

These service ladders are classifications used by JMP (WHO/UNICEF) to monitor and track progress on WASH service levels globally. They are included here for reference, with corresponding WV WASH indicator codes. Codes next to arrows on the left side of the graphics means that those indicators represent a move up the service ladder. For example, C1B.25971 is on an arrow from Basic to Safely Managed, which means that indicator is measuring the number of people who gained access to a safely managed drinking water source. C1B.19342 is on the arrow that represents the number of people who gained access to a basic drinking water source.

Drinking Water Service Ladder with WV Indicator Codes



Sanitation Service Ladder with WV Indicator Codes



Hygiene Service Ladder with WV Indicator Codes

